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TRANSCRIPT OF DAY 8 – PUBLIC HEARINGS

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**PROFESSOR ELEANOR A BOURKE AM, Chair**  
**MS SUE-ANNE HUNTER, Commissioner**  
**DISTINGUISHED PROFESSOR MAGGIE WALTER, Commissioner**  
**PROFESSOR THE HON KEVIN BELL AM KC, Commissioner**  
**MR TRAVIS LOVETT, Commissioner**

**THURSDAY, 11 MAY 2023 AT 10.19 AM (AEST)**

**DAY 8 - HEARING BLOCK 5**

**MS FIONA McLEOD AO SC, Senior Counsel Assisting**  
**MR CHRIS HORAN KC and MS GEMMA CAFARELLA for the State of**  
**Victoria**

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**LAW IN ORDER**  
Where work flows.

CHAIR: Good morning. This is the eighth day of hearings in Hearing Block number 5 where the Yoorrook Justice Commission will hear from government witnesses on the priority areas of child protection and criminal justice. Today we will hear further from Argiri Alisandratos from the Department of Families, Fairness and Housing. Before we start, I would like to invite Commissioner Hunter to give a Welcome to Country and Acknowledgement of Country.

COMMISSIONER HUNTER: Thanks, Chair. I'd would like to acknowledge that we are on my ancestral lands, the lands of the Wurundjeri. I pay my respects to Elders, past and present, those that come before us that gave us voice here today; to the Stolen Generation, particularly when we're talking about child protection, those that made it home, those that didn't and those still searching.

So I hope today we come with purpose, and may Bunjil watch over us as we conduct Aboriginal business. Thank you.

CHAIR: Thank you, Commissioner Hunter. Counsel, may I have appearances.

MS MCLEOD: If the Commission pleases, I appear to assist today.

MR HORAN: May it please the Commission, I appear for the State with Ms Cafarella. I would also like to acknowledge the Traditional Owners of the land on which we gather today, the Wurundjeri people of the Kulin nation and pay my respects to Elders, past present and emerging. I also acknowledge all First Peoples throughout Victoria, including in particular those here today and those observing the hearing from elsewhere.

CHAIR: Thank you.

MS MCLEOD: Thank you, Chair. I too acknowledge the Traditional Owners of these lands, the proud Wurundjeri people and their ancestors and Elders. I acknowledge that sovereignty of these lands was never ceded. I extend my respects to all Aboriginal and Torres Strait Islander peoples meeting here today and following us online.

If the Commission pleases, I recall Mr Argiri Alisandratos.

**<ARGIRI ALISANDRATOS, RECALLED**

MS MCLEOD: Mr Alisandratos, do you undertake to provide truthful evidence to the Yoorrook Justice Commission today?

MR ALISANDRATOS: I do.

MS MCLEOD: Is there anything you would like to say before I begin my questioning?

MR ALISANDRATOS: Thank you. Can I also begin by acknowledging the Traditional Owners of the land on which we meet and the Wurundjeri people, and pay my respects to their Elders, past and present. I also acknowledge all the Traditional Owners throughout Victoria

that are watching the proceedings today and are here today, and thank Commissioner Hunter for your welcome.

CHAIR: Thank you. Thank you, Ms McLeod. Welcome back, Mr Alisandratos.

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MS MCLEOD: Can I start with your statement at DFFH.0007.9999.0013, and invite you to discuss with me the issue of pre-birth or unborn child reports, which commences at .0150, and paragraph 632 of your statement. Could we bring up, please, page .150. Now, just to explain to those following, unborn child reports, as they're called, are pre-natal reports where child protection are notified of a cause for concern that the child may be at risk when born; correct?

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MR ALISANDRATOS: That's correct.

MS MCLEOD: And these matters are governed by section 29, 30 and related provisions of the *Children, Youth and Families Act*?

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MR ALISANDRATOS: That's right.

MS MCLEOD: So turning to paragraph 632 of your statement, you note:

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*"The proportion of First Peoples children who are the subject of a pre-birth unborn report and who were subsequently removed from parental care and placed into out of home care within 180 days of birth has consistently been higher than the proportion for non-First Peoples children in the years from 2017 to 2021."*

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We have some update to those figures I'll come to in a moment. The intention under section 29, 30 and 32, and related provisions of the Act, is that where there's notification of a concern or a significant concern for an unborn child, the intention is that advice, services and supports be provided to the mother to reduce the need for child protection intervention after the child's birth; correct?

30

MR ALISANDRATOS: Yes, that's correct.

MS MCLEOD: There's also a process or pathway called the Orange Door Pathway, which is mentioned at paragraph 634 of your statement. That follows a confidential referral under section 32 of the Act. So that's the framework. At 636 of your statement, you talk about the aim - if we could just bring that up.

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The aim of the pathways is that a report about an unborn child can be received at any stage of a woman's pregnancy and should be made when the pregnancy is confirmed; the intention being that everybody can swing into action with sufficient time to support that mother; she can feel supported through the process. The aim that is you are minimising the chances of removing the child.

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MR ALISANDRATOS: Correct.

45

MS MCLEOD: Okay. Would you tell the Commission how this works in practice, or how it's meant to work, and where it's not working? And, before we do that, overnight we received some information from the Victorian Government Solicitor's Office. I don't have the number yet, but the date of the letter is 10 May 2023, the VGSO letter, if that could be brought up on the screen. Could I invite you to turn to the response to question 35 while that is being done. Question 35 asks:

*"In relation to First Peoples children subject to an unborn report in 2021 asking for the percentage data for the rates of children subject to an unborn report who subsequently enter care prior to three, six and 12 months of age."*

So if we could go please to page 10 of that document - I'm sorry, that's not the right document so don't worry about bringing it up on the screen. But do you have in front of you the VGSO letter of 10 May 2023 and the response at paragraph 43 or page 10 of that document?

MR ALISANDRATOS: I do.

MS MCLEOD: Yes. Would you read, please, paragraph 43 to the Commission?

MR ALISANDRATOS:

*"Of unborn First Peoples children subject to one or more unborn child protection reports in 2021, 21.5 per cent entered care within three months of birth; 24.2 per cent entered care within six months of birth; and 28.4 per cent entered care within 12 months of birth."*

MS MCLEOD: And compared to non-Aboriginal children in paragraph 45, the numbers are, as a percentage, 21.5 per cent entered care within three months of age for First Peoples children.

MR ALISANDRATOS: Yes.

MS MCLEOD: Non-Aboriginal children, 13.5 per cent.

MR ALISANDRATOS: - point 5.

MS MCLEOD: For Aboriginal children entering care within six months of age - so I assume these numbers are cumulative, are they, or are they a separate three to six month bracket?

MR ALISANDRATOS: I think they're separate numbers.

MS MCLEOD: Okay. So three to six months of age, 99 First Peoples children or 24.2 per cent; non-Aboriginal children 234 or 15 per cent; and entered care within 12 months of age, 28.4 per cent First Peoples children; and 17.8 per cent of non-Aboriginal children. So quite a disparity there.

MR ALISANDRATOS: There is.

MS MCLEOD: Yes. What those numbers are telling us is that one fifth of all First Peoples children subject to a report are removed from their mothers within three months of birth.

MR ALISANDRATOS: Yes.

5

MS MCLEOD: Those numbers are clearly very high.

MR ALISANDRATOS: They are.

10 MS MCLEOD: So bearing that in mind, bearing the aims of the Unborn Child Report, can you tell the Commission, please, how the system is meant to work and where it is failing?

MR ALISANDRATOS: So the unborn report process and provisions within the legislation provides the earliest opportunity to provide targeted response of advice, assistance and referral to - to parents, mothers in particular. Importantly, this is a voluntary process, so any - any provision of support does require the consent of the mother to receive those supports; and it's not considered a protective investigation, as such.

20 So - so it is highly dependent on the mother consenting to receiving the reports. Should that consent be provided, then a range of services are engaged to provide those supports to - to the mother, anywhere from maternal services, family services, in consultation with ACSASS, in consultation with local Aboriginal Community Controlled Organisations, or any other service where the mother has a relationship with a particular service network.

25 These are - there is a planning process that is undertaken through child protection with our community-based practitioners to bring about all of those supports and engage and plan what the level of support that the mother would require on the basis of an identified need of concern that has been reported.

30 COMMISSIONER HUNTER: Would you say that planning is not working, given these numbers?

MR ALISANDRATOS: It's hard - hard to make a comment specifically in relation to that, Commissioner. But what I can say is that the numbers are relatively - the - the report numbers are relatively small, and whilst stagnant in terms of the numbers, they haven't grown, they've actually reduced in the last 12 months in terms of the number of pre-birth reports that we receive. That would suggest to me that what we're receiving now is much more targeted to particular sets of needs, and - and obviously the support that gets tailored around the mother is - is highly dependent on whether the mother is willing to accept that support - and utilises the support. And, equally, it's also highly dependent on whether we can mobilise a trusting level of support for that - for those mothers as well.

40 COMMISSIONER HUNTER: Would you agree that there's no reason for the mother to trust you to come into this planning?

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MR ALISANDRATOS: Yes, and absolutely, given the historical nature -

COMMISSIONER LOVETT: Historical nature. It's now. We're talking about now.

MR ALISANDRATOS: Yes.

5 COMMISSIONER LOVETT: Sorry to jump in.

MR ALISANDRATOS: Okay.

COMMISSIONER LOVETT: But it's now.

10 MR ALISANDRATOS: It is. But given -

COMMISSIONER LOVETT: And we don't want to just talk about minimum decreases, in a sense. It's still overrepresented.

15 MR ALISANDRATOS: Yes.

COMMISSIONER LOVETT: There's shocking data.

20 COMMISSIONER HUNTER: Can I just, on that point, remind everybody, particularly everybody streaming in online, every percentage there is a child being removed from its family, its culture, its community at the point where the bonding time should be happening. Now, if we can't make it safe enough for our parents to bond with their children, we know where they're going to end up: incarcerated, because that's the pipeline.

25 So when we're looking at these stats, which I find disgusting to be honest with you, how do we make it safe enough, is the question. And I take Commissioner Lovett's point around, this is current. And it might not be big numbers to the department but they're still - every single one of those is a child. And we have to be really clear when we're talking today about unborn  
30 notifications and the reality of our mothers when they're pregnant thinking these children are going to be removed before they're even born. And I'm emotional about this, because it's the truth. You go to a hospital and you're so worried about a notification happening, you become pregnant, you don't want to tell anybody. It's the truth.

35 It's even my story, that I didn't want to - and I worked in the system and I knew what they were - but are they going to remove my child? That's the reality. How do you make it safe enough that these children are born into culture, community and thriving? This is the point you wrap those services around.

40 MR ALISANDRATOS: I agree, Commissioner. So -

COMMISSIONER WALTER: Can I just make a statement too. You have stressed a number of times that it depends on the voluntary participation of the mother and it's been rightly pointed out there is no reason for those mothers to trust and, indeed, they are even more  
45 fearful. What steps, what monitoring do you take and where are the records of the amount of times that mothers have been contacted, the referral to ACCOs and others to reach out to mothers? What does the department do to make sure that mothers and their families have the

support they need to - and, look, the numbers are they're not very much: this is 300 children, just there.

5 MR ALISANDRATOS: Yes, it is. Yes. So I acknowledge all of that. It is a real concern for us and continues to be a concern for us. It's why, through the Aboriginal Children's Forum, we've - this matter has been raised and a process has been developed to move towards all pre-birth reports being referred to Aboriginal Community Controlled Organisations.

10 COMMISSIONER WALTER: When will that happen?

MR ALISANDRATOS: So we're in the process of operationalising that. And - that's not to say that it doesn't happen now, Commissioner, that happens, but we are setting a mandatory requirement now that all pre-birth reports to child protection will require a referral to an Aboriginal Community Controlled Organisation. And there's additional funding that is being  
15 provided to those ACCOs to bring additional family services, intensive family services support, and that funding was made available some time ago and is currently being utilised, but will now be formalised in terms of this much more robust and proactive response to pre-birth reports.

20 COMMISSIONER LOVETT: Can I ask, when did this process become mandatory? You just said "mandatory around", this being mandatory now. When did this become mandatory?

MR ALISANDRATOS: It is - it is set to become mandatory once we -

25 COMMISSIONER LOVETT: By when?

MR ALISANDRATOS: I haven't got the timeline here, Commissioner, but there's a little bit more work to be done to operationalise the policy, and - that that work has been done with the Koori Caucus of the Aboriginal Children's Forum. But once it's established, it will be  
30 established in policy and it will be a mandatory requirement for all those pre-birth notifications reports to be made directly to an ACCO.

COMMISSIONER LOVETT: You've got to understand from our point of view in your previous day's evidence that you've been before us, the mandatory, particularly in the context  
35 of the cultural support plans we are nowhere near, what was it? 66 per cent, I think, or it have even been - I think it was 66, and anyway that might be giving a bit of credit, but 66 per cent. So just wanting to reiterate, you know, if it's mandatory we need to be getting that 100 per cent, not 66.

40 MR ALISANDRATOS: Yes.

COMMISSIONER LOVETT: The same principle applies to our comments around this.

MR ALISANDRATOS: Yes, accept that.

45 COMMISSIONER LOVETT: Thanks.

MS MCLEOD: Can I come back to a couple of those threads. The first is around the voluntary process. Child protection do not have any legal power, as you stated to intervene before a birth without a mother's consent.

5 MR ALISANDRATOS: No, that's right.

MS MCLEOD: And this - forgive the terminology, which is legal terminology, which might sound confronting to some, is that pre-birth unborn children do not acquire legal personhood until after birth. That's the legal -

10 MR ALISANDRATOS: Correct.

MS MCLEOD: - principle that is observed here.

15 MR ALISANDRATOS: Yes.

MS MCLEOD: and obviously the work of child protection and the ACCOs and health services provided before birth must meet best practice in terms of full informed consent.

20 MR ALISANDRATOS: Yes.

MS MCLEOD: As has been raised by Commissioners, you would acknowledge that it's critical to build trust so that that full and informed consent can be encouraged?

25 MR ALISANDRATOS: Yes.

MS MCLEOD: That's urgent work, would you agree?

30 MR ALISANDRATOS: I agree.

MS MCLEOD: The second thing I want to touch on arising from your comments, your evidence just before was about mobilisation of services. You would agree it's very important in the case of an unborn child with an Aboriginal parent that the ACCOs are advised of a report as soon as possible to allow them to respond, to engage with the parents, identify advice and services and supports that are necessary?

35 MR ALISANDRATOS: Yes, I do.

MS MCLEOD: The department aims to do that in 100 per cent of cases, does it not, under the Wungurilwil Gagapduir Children and Families Agreement.

40 MR ALISANDRATOS: Are you referring to pre-birth reports -

MS MCLEOD: Yes.

45 MR ALISANDRATOS: - in that context?



MS MCLEOD: Yes.

MR ALISANDRATOS: That - that is the process that we're moving to, yes, that's right.

5 MS MCLEOD: But the current aim is to do that in 100 per cent of cases under that agreement?

10 MR ALISANDRATOS: No, no. That is a stated aim and that is a policy that has been determined with Koori Caucus, ACF Koori Caucus, and is now being developed to put into practice.

MS MCLEOD: We might be at cross-purposes.

15 MR ALISANDRATOS: Yes.

MS MCLEOD: The aim of the policy is to have the referrals made in time in all cases for First Nations children.

20 MR ALISANDRATOS: Yes.

MS MCLEOD: Okay.

MR ALISANDRATOS: As a general principle, yes.

25 MS MCLEOD: At paragraph - thank you, we can go back to the statement now. At paragraph 654 - do you have that paragraph handy? And I just want to touch on this mandatory aspect of it. At paragraph 654 -

30 MR ALISANDRATOS: Yes.

MS MCLEOD: - you state:

35 *"Where it is known or believed that an unborn child is Aboriginal, child protection must contact ACSASS for consultation to inform the actions to be taken. The mother's consent is not required."*

And at 656:

40 *"No consent from parents is required for the exchange of information, although best practice is to inform families."*

So, just on this mandatory aspect, there are no legislative or other procedural requirements for child protection, am I correct, to refer an unborn report to an ACCO if the expecting mother identifies as Aboriginal or is expecting to have an Aboriginal baby; is that correct?

45 MR ALISANDRATOS: Yes.

MS MCLEOD: There are no legislative or other protective procedural requirements in place?

MR ALISANDRATOS: Yes. Yes.

5 MS MCLEOD: Okay. The trigger for referral is essentially the same as the non-Aboriginal population; namely, that a person has a significant concern -

MR ALISANDRATOS: Yes.

10 MS MCLEOD: - for the wellbeing after birth of a baby. And that means, in effect, and what these numbers are showing us is that it's often too late to effectively intervene and can result in the child being removed at birth. Do you accept that?

MR ALISANDRATOS: Are you putting to me that the referrals are made too late?

15

MS MCLEOD: They may be.

MR ALISANDRATOS: I wouldn't be able to have that, that information before me.

20 MS MCLEOD: Okay. So I might take you to your response to a couple of the submissions we have received. The first is a submission of Lisa Thorpe who gave evidence before this Commission on 9 December 2022, WUR.005.0269. She was speaking about the Bubup program.

25 MR ALISANDRATOS: Yes.

MS MCLEOD: And I'm reading part her evidence at transcript 279:

*"We actually receive children from six months onwards so they are not newborns."*

30

She goes on to say:

*"...we don't receive them from birth, but the one who gets notification of every birth is a maternal child health nurse. There's no connectedness there between us - between the Aboriginal community and the MCH program. I know the hospitals try and I know the hospitals put up - the northern hospitals have put a whole lot of work into play about how they protect these children and actually have stopped child protection going into the hospitals and doing notifications on newborns. But there is a definite lack of what's happening from a child being born - the mother being pregnant actually, and then that whole process of people having the baby and then how people are moving in and making assessments there."*

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So she's talking about the failure of connectedness and how it's actually working in practice with the hospitals and maternal child health nurses. So can I invite your response to that submission?

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MR ALISANDRATOS: I - I would accept that account of - of particular circumstances. And, you know, there wouldn't - there would certainly be occasions when due to a range of pressing

priority matters, that - that timely referrals may not be made. But the aspiration is to engage support services at the earliest opportunity. The - the notion of having these provisions in legislation and in our operations is to try and mobilise support to parents and to mothers at the earliest opportunity in a connected way, which means that we do bring people and service providers who are engaged and know the mother together to try and develop - to develop a plan for how that pre-birth period of support needs to look like, and what it needs to look like and what we need to be doing collectively. Now, I'm realistic enough to acknowledge that it's not always going to work in that precise way in the realities of day-to-day operations across the service network, both in child protection and in other related areas of support, that the investment that government has made in boosting that intensive family services, and the development of a policy now that requires - the referral to be made to an Aboriginal Community Controlled Organisation. Those two elements, I think, will progress us being able to be more timely in a way that those - that that support is provided.

15 MS MCLEOD: So systemically - I understand, this may happen now and then, but if it's a systemic issue, how do you manage that within the department? What are the KPIs against which you measure that, the performance of the timeliness of the process?

20 MR ALISANDRATOS: I am - I'm not aware specifically if there's a KPI that relates to that, Ms McLeod. I think where it's become very, very evident to us is through the data analysis, and obviously the data that we present to the Aboriginal Children's Forum and where collectively we are looking to understand where we can make more significant impact and reduce the numbers of children requiring to be removed; and this is one example where we have identified that this is a continuing issue, that provisions, legislative provisions, are there.

25 But, obviously, we need more capacity and we need another way for how we get a trusted level of support around mothers in that pre-birth phase. And that's why we've boosted the investment in intensive family support, and we're now putting in place that mandatory policy and procedural requirement for those - those pre-birth referrals to be referred directly to an  
30 Aboriginal Community Controlled Organisation.

COMMISSIONER WALTER: But it's not done yet. It's still all in the future. There's no mandatory requirement now and over 300 babies taken -

35 MR ALISANDRATOS: Not - so not at this point in time, Commissioner. That policy requirement is not a mandatory one but it will be. That's not to say that that work doesn't happen now because inevitably you will be engaging.

40 COMMISSIONER WALTER: Given the stats we saw from the VAGO report where 98 per cent of carers hadn't received their mandatory six-week check to see what they needed, I have some questions. Given that there's no formal monitoring of the support that's being given to these mothers or the referrals to an ACCO or any of these other things, how would we have any faith that this - well, even now, that either it's been delivered in any way, shape or form, or in the future that it's actually going to make any difference? I just - I have my concerns.

45 MR ALISANDRATOS: I - I accept that, acknowledge that. It - it would be - there are a number of other trials that are in place now by our Aboriginal Community Controlled

Organisations who've developed specific models. And we are also looking at those models as a way for, again, greater engagement, greater enhanced support to those mothers at that pre-birth phase.

5 COMMISSIONER WALTER: And greater evaluation and monitoring. So the department has a handle -

MR ALISANDRATOS: Absolutely.

10 COMMISSIONER WALTER: - on actually what is happening on the ground?

MR ALISANDRATOS: Sure. Yes.

15 COMMISSIONER LOVETT: Just on that point on "on the ground", you've talked about the policy going to be mandated. We've heard lots in this Commission from a lot of different departments about policy that's not implemented on the ground. How are you going to make sure it goes from there down to there with those on the ground understanding what that policy means for them in practice so that this number of children being removed at birth stops?

20 MR ALISANDRATOS: Yes. Again, as we do with all new policies, they are developed, they are implemented in our policy guidance to practitioners, they are incorporated in our training of practitioners, and this is - this is one element of it. Then the other element is obviously the investment that we're putting in ACCOs to bring that capacity to the fore. So it's - it's a collective approach in terms of how we seek to operationalise a new system and a new  
25 procedure. And, yes, the issue of accountability and whether this is a measurable item is another one.

COMMISSIONER WALTER: It should be easily measurable.

30 MR ALISANDRATOS: I accept that, Commissioner. The challenge is how much we already measure and how much more we potentially have to measure, and how you strike a balance about where you draw that measurement from.

COMMISSIONER WALTER: You won't bother if it's too much trouble to measure?

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MR ALISANDRATOS: Sorry, I didn't hear that.

COMMISSIONER WALTER: You won't bother if it's too much trouble to measure?

40 MR ALISANDRATOS: I'm not suggesting that it's too much trouble to measure. I think it is absolutely important that we measure the effectiveness of any procedure policy. The question is about - there are - there are multiple points of measurement and how we - how we incorporate that in our practice and in our systems is something of a challenge that we'll continue to obviously work towards improving.

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MS MCLEOD: Can I move to the next submission, NUT.0001.00041.0003. This is a submission from the Victorian Aboriginal Community Controlled Health Organisation at

pages 13 and 14, and I'll read to you a couple of chunks, you may not have that in front of you and then invite a response. At pages 13:

- 5 *"Under the Children, Youth and Families Act 2005, healthcare workers are mandated to report instances of child abuse to child protection authorities and these can be made for unborn infants. Aboriginal children are more likely to experience family violence and poor mental health which can lead to an increased risk of pre-birth child protection notifications and subsequent removal of children from their families within the first year of birth.*
- 10 *A culturally responsive and therapeutic approach that looks at the underlying causes behind poor birthing outcomes and lack of engagement with antenatal maternal and child health services is a critical step towards reducing the overrepresentation of Aboriginal children in the child protection system. Pregnancy is a significant event in a woman's life; is often linked with an increase in health-seeking behaviour and, therefore, can act as an opportunity for*
- 15 *greater engagement with wider health and social support services. If an expectant mother establishes a positive connection with maternal and child health services, these act as a gateway and link mothers and families to other support services such as housing and family violence support. Ensuring that women and families are aware of, and able to access, MCH services is a protective factor and reduces the likelihood of a child and/or family contact with*
- 20 *the child protection system."*

So there's a lot in there, but it's essentially that idea of multidisciplinary services being available as soon as possible -

25 MR ALISANDRATOS: Yes.

MS MCLEOD: - given that women will be likely to seek health services to have those services available as a gateway.

30 MR ALISANDRATOS: Yes.

MS MCLEOD: I take it you would agree with that submission?

MR ALISANDRATOS: Yes, I would.

35

MS MCLEOD: Then in respect of culture:

- 40 *"For Aboriginal women and families, birthing on country is an important cultural practice that ensures the health and wellbeing of a newborn child and mother. With the closure of many regional and remote maternal and child health services, many Aboriginal women must travel to mainstream tertiary hospitals. These mainstream services rarely accommodate for traditional midwives and cultural birthing practices which can result in many Aboriginal women experiencing culturally unsafe care."*

45 They go on to mention the Koori Maternity Services and the services they offer with holistic culturally safe maternity care and note that:

*"... many Aboriginal mothers and children are not able to access culturally safe, wraparound services that they need. Investment into community-led programs should begin with antenatal and maternal and child health services and continue through all life stages."*

5 So you would agree, I take it, that the first years of a child's life, the first five years, are fundamental in shaping their future; that the access to culturally appropriate and safe services pre-birth and immediately post-birth are critical?

MR ALISANDRATOS: I would.

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MS MCLEOD: The material establishes, and I take it it's well recognised, that removal of a child from the mother at and around birth can cause serious harm to both the mother and child; that health of the mother and child and bonding with the child immediately post-birth is critical to the developmental health of babies and also critical to the health of the mother post-partum. I take it -

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MR ALISANDRATOS: Yes.

MS MCLEOD: - you would accept that as a basic proposition. Now, for good reason, as the Commissioners have raised, including the legacy of our history of forced removals and trauma that follows that, First Peoples may not trust, let alone consent to, intervention by child protection services; you agree with that broad proposition?

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MR ALISANDRATOS: Yes.

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MS MCLEOD: So having given thought to how the legislation or the processes of child protection could be amended or improved to both respect that autonomy and the need for consent of Aboriginal mothers whilst offering them at the same time these critical health services at this time.

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MR ALISANDRATOS: So a couple of things on that. Probably that the Department of Health is better positioned to respond to the array of health services that are in place. And from our perspective, certainly, we rely on that integrated support from maternal health services, maternal child health, as well. In addition to that, in terms of how we seek to gain trusted engagement, it's what I've been just talking about recently around the need to move to a greater focus of that support coming from Aboriginal Community Controlled Organisations. That's - that's our focus in terms of how we transition to more of those services, being the front face of that support, because we accept, and absolutely agree, that a culturally attuned support is going to be more welcomed, taken up and engaged in, in a way that diminishes the risks that have been identified in that pre-birth report.

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So that - that's - that's the direction that we've been on and we are continuing to drive with more investment going to Aboriginal Community Controlled Organisations and a policy and procedure that will reflect that going forward.

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MS MCLEOD: I take it you'd agree that the services that a number of these - many of these women require at birth are complex and can involve issues of family violence, alcohol or other drug dependence?

5 MR ALISANDRATOS: Yes.

MS MCLEOD: Mental health issues, disability issues?

MR ALISANDRATOS: Yes.

10

MS MCLEOD: And that those are beyond the scope of things that the ACCOs and other section 18 pathway organisations are currently funded to provide?

MR ALISANDRATOS: Some of them are within scope of some of the ACCOs and ACCHOs because they are funded to deliver services across the continuum of health and social care. But - but I would agree that more intensive specialist support is - is the domain of other service systems that - that we and ACCOs are reliant on to access. And that they are services that are generally funded by the Department of Health, particularly when you're talking about

20

Family violence services, obviously we - we are responsible for delivering and providing those services. The Orange Door network that you referred to earlier on, is a way for how we gain access to a comprehensive range of services. Again, every Orange Door has an Aboriginal cultural advisor and an Aboriginal Community Controlled Service that is connected to that so that we have a seamless way of connecting families and individuals to the right support pathway.

25

MS MCLEOD: At paragraph 640 of your statement, at page 0152, DFFH.0007.9999.0013 at page 0152, paragraph 640, you acknowledge that:

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*"...while the intent of responding to an unborn report is to assist the mother of the child, current resourcing levels and demand for family services can mean work and services are prioritised towards families and children requiring immediate support and significance."*

35 So there's always this tension -

MR ALISANDRATOS: Yes.

MS MCLEOD: - between a sense of which is the most immediate priority -

40

MR ALISANDRATOS: Yes.

MS MCLEOD: - that child protection and ACCOs and others have to juggle.

45 MR ALISANDRATOS: There is.

MS MCLEOD: Which means that those who are not regarded as high priority miss out.

MR ALISANDRATOS: That's right. And it's in recognition of that, that that additional investment tailored to pre-birth reports has been made.

5 MS MCLEOD: Would more co-location of services and additional funding, or both, assist this issue, or is there some other structural hurdle here?

MR ALISANDRATOS: I think we've got - we've got examples of co-location in our current service system. The design of the Orange Door that I referenced a few minutes ago, is an  
10 example of where we bring multidisciplinary teams together to form a holistic approach to needs of individuals and families. ACCOs and ACCHOs are probably the most holistic ACCO system, if you like, because they naturally bring together all the various funding streams in a holistic way that is tailored to the needs of their communities.

15 But the question around sufficiency of investment and capacity is always a very live question when we know that demand exceeds the supply of service provision. And, as you've pointed out, Ms McLeod, the system prioritises those that are at greatest needs, and perhaps means that we miss out on getting upstream support to those families at an earlier point. And the orientation, if you think - the reform orientation that we've been on for the last five or so years  
20 has been to try and shift the system to be much more earlier intervening through the investments and the service system design that we've put in place.

But, yes, co-location is always going to be a potential solution; greater levels of co-location is going to be a potential solution.

25 COMMISSIONER LOVETT: You're asking the services to do holistic service provision, right? What has the department done to streamline reporting of those funding agreements? So the org does the holistic, but then they have to report back to the department on every single funding agreement. So what have youse done to streamline that so they can focus more on the  
30 holistic service provision rather than spend all their time responding back to the department?

MR ALISANDRATOS: Yeah. It's a - it's a very fair question, Commissioner. So a couple of things that we've done. We've - we've - we've shifted our funding approach particularly to  
35 Aboriginal Community Controlled Organisations and provide now a more flexible funding approach. That means that they are not tied in the same way that they have been historically tied to specific elements of delivery. That means that they can use the funding in a more flexible way.

40 The reporting issue continues to be a challenge in terms of how we account for delivery of State investment across all our funded services; and it is something that ACCOs have certainly called on for a more flexible approach to reporting in a more holistic outcomes-driven approach to funding.

45 They - they are - they are areas of work that we've - we have to move towards and look at different reporting mechanisms that - that drive outcomes rather than outputs, and that's something that we've been on a journey to try and shift over the last few years. I don't think we're there yet, Commissioner. I think we've got a way to go before we've got a truly



outcomes-driven reporting framework that sets Aboriginal Community Controlled Organisations within the context of their local community and gives them an ability to - to report back to government the outcomes that they're achieving. I think - I think for sophistication of how we get to that point is probably needing further work on our part.

5

MS MCLEOD: Can I take you to paragraph 685 of your statement DFFH.0007.9999 - we're in the document so it's at the point reference .0159, paragraph 685. I want to discuss with you some concerns that have been raised to the extent of which the child protection workers are abiding by the Child Protection Manual and Practice. And this is a reference to the evidence of Ms Karinda Taylor and a submission or a letter that she sent to the department raising concerns of the First Peoples Health and Wellbeing Service. She is the CEO of that service.

10

In a letter of 30 August dated 2021, HB1.0001.0012.0070\_R, she refers to a case study. Page 2 of the document in summary. The case study was this:

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*"An anonymous child protection notification was made when the client was approximately five weeks pregnant. Around this time, police were called to the client's home. It's believed the report was made to police at the time but she wasn't able to substantiate that statement.*

20

*The estimated, the EDD or estimated date of delivery or birth of the unborn notification was entered incorrectly by more than two months. The assessment by child protection did not take place over the next 35 weeks of pregnancy. There was no contact from child protection with First Peoples Health and Wellbeing, or VACCA, despite the client regularly seeing the First Peoples Health and Wellbeing throughout her pregnancy."*

25

And your response at 686, I take it, relates to this complaint and the holding of two executive level meetings to attempt to address that particular case.

MR ALISANDRATOS: Yes, that's right.

30

MS MCLEOD: So if we assume that there's a systemic ramification of this single case, those - that is clearly a case that was falling through the gaps, would you agree?

MR ALISANDRATOS: Yes.

35

MS MCLEOD: And, as a systemic issue, what has the department done to address those issues raised by Ms Taylor?

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MR ALISANDRATOS: I think, as - as I've outlined in the statement, that that certainly was not - not a response consistent with our expectations. The - the local area and the division recognised that. They engaged with First Peoples Health and Wellbeing. They brought a number of - a number of the key personnel together to review what had occurred and, in a sense, to learn and understand where they could make improvements and where they can come back to the expectation, as has been set through the policy, and how we get greater and more proactive engagement of - of women in those circumstances at the earliest opportunity.

45

It is clear that that did not work in the way that it needed to work. I think there are lessons learnt for the division in that. Those lessons have been accepted, adopted in revised practice guidance that's been provided to practitioners, reinforcing the need for timely engagement and in a way that engages those critical support services where women, in particular mothers, have already a pre-existing relationship, as they did have with First Peoples Health and Wellbeing in this circumstance.

COMMISSIONER LOVETT: With respect, the Counsel's question was about system changes and you've just isolated this incident as a one-off. There's multiple. Are you saying that you've worked with the division - in the response you're talking about solely about a division? Division is a component of the system.

MR ALISANDRATOS: Yes, it is. And I - I would not be condensing it down to an individual issue. This is - this is an issue, an example of where it has not worked in the way that both the policy, the procedure and the expectation that we have through those policies and procedures should work. And that's - we recognise that, Commissioner. That's why we've - we've taken those lessons and we've reissued that practice guidance to our practitioners, reinforcing.

COMMISSIONER LOVETT: Across the State? Reinforcing across the State?

MR ALISANDRATOS: Well, in this instance, within the context of this division, and this is the South Division, but obviously taking all of those lessons, we incorporated them in any further updated requirements that we have of any of our policy and procedures.

COMMISSIONER HUNTER: Can I just add this, this is one -

MR ALISANDRATOS: It is.

COMMISSIONER HUNTER: - of many but we've heard more. If we go back to systemic racism, and workers in Aboriginal organisations have said this time and time again, "We feel like our qualifications are less than in child protection." So a white system, a white colonial system comes in over a black organisation and doesn't acknowledge their existence as in all the qualifications they have as a worker which are exactly the same.

MR ALISANDRATOS: Yes.

COMMISSIONER HUNTER: If not more sometimes. And they've worked with the child more, if that makes sense?

MR ALISANDRATOS: Yes, it does.

COMMISSIONER HUNTER: And yet they still say they know better. We've heard this time and time again in evidence, in round tables, from workers. Part of this isn't about, you know, the money or the approaches or who makes the decision. It's about bias. That is right in the centre of this.

MR ALISANDRATOS: Yes.

COMMISSIONER HUNTER: And we need to address that because that's the root cause of - you know, if you look into that example she gave, she did an assessment the same as she  
5 did any one, any other person would, but she brings the cultural authority with her to be able to make a different decision. But it's not respected. At all.

MR ALISANDRATOS: I accept that.

10 COMMISSIONER HUNTER: So we need to address the bias in this colonial system.

MR ALISANDRATOS: Yes, we do.

15 COMMISSIONER HUNTER: It's the root cause of all of these assessments and, you know, and the "I know better", the "I know better" that comes from Colonisation is still in these white systems that black children are still being removed. It's just - it's just appalling.

COMMISSIONER LOVETT: That's right, and my question, my comment back was around - we're talking about systematic changes. These are isolated instances to talk through -  
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MS ALISANDRATOS: Yes.

COMMISSIONER LOVETT: - this with you, but as the Commissioner said, there's many more. We could be here for even more days, you know. We're about trying to change the  
25 system here. This is a truth-telling commission, truth-sharing. This is what this is about. It's not about protecting the system. We are here to talk about the system and how we can make it better. It's not about protecting. You've already confessed and committed that there's systematic racism. So let's talk about it and let's work through solutions around how we're going to fix it.  
30

MS MCLEOD: Staying with those themes and Ms Taylor's evidence before the Commission, she prepared a submission which is HB1.0001.0012.0004, and at paragraph 36, if I could just read to you under the heading The Unborn Notification System, this is page 4 of the document:  
35

*"There's a huge problem with the unborn notification system. From the outset reports to child protection can be made on completely spurious grounds without proper comprehensive risk assessments being undertaken. The focus should be on addressing any issues and risk. Then closing the child protection file before the baby is born. This would be the best way to ensure  
40 the baby is safe and that the family can stay together. We often see that these unborn notifications sit on the hospital file with no action taken until after birth."*

And in paragraph 39 she says:

45 *"Very often the first person in an Aboriginal mum's birthing suite is a child protection officer without her being afforded any connection with other culturally appropriate support systems."*

So can I invite your comment on that observation she makes: that very often the first person in the birthing suite is a child protection officer, and what that does to undermine the safe delivery of services and the building of trust that's so critical to the delivery of those services?

5 MR ALISANDRATOS: Well, I would be extremely concerned if the very first person in the birthing suite is a child protection practitioner. That - that clearly is not - it's far from ideal. My comment would - would have to be in the context of what has occurred prior to that, prior to the birth of that child, and what efforts had been made to bring trust and support around that - that mother. And then what - what planning has been put in place to manage based on a  
10 risk assessment, what action needed to take post the birth of that child.

And that, I would envisage that in most circumstances, and certainly I take the point of that description, but in most circumstances, there would be a clearly articulated plan for what action and how that action would be implemented upon the birth of the child.  
15

MS MCLEOD: Just coming to those plans, Ms Taylor gave evidence that there were cases where unrealistic burdens were placed on the new mother. For example, one case where the mother was required to travel two-and-a-half hours by public transport with her newborn baby to attend on the relevant services once a week, during COVID lockdown. So, in order to meet  
20 the conditions that were placed on her by child protection workers, once a week she had to spend, say, two-and-a-half hours with her newborn baby travelling across Melbourne to the other side of Melbourne, attend that visit and then travel home again during the lockdown period.

25 So is there any way that the department is keeping track of these demands and the nature of these conditions to ensure that they're reasonable and actually supportive rather than undermining the mother in her attempt to stay with her child?

MR ALISANDRATOS: There's probably a few things in that, Ms McLeod. Again, any  
30 planning that would happen pre the birth of a child we would be looking at if there is a determination following birth to remove a child because the risks were not minimised. Then there would also be a plan about where - where you would ideally place that child, and obviously placement within a family, in a kinship arrangement known to the - to the - to the mother would be the preferred placement option.

35 The issue of location of those options are difficult to determine, based on the circumstances of families and where - where they are - where they are located. The issue of conditions that are recommended to the Children's Court and made by the Children's Court is obviously a matter of the Children's Court accepting that those conditions are necessary and can be workable.  
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And then the resourcing for how we manage a situation such as the one that you've described where distance, a COVID environment, supervision and the impost that that has on the parent is clearly far, far from ideal in terms of how you maintain a connection, particularly at that  
45 early point of the relationship between mother and child.

And, of course, we look at minimising any of those impacts by trying to bring support around that parent to enable that contact to occur in the most effective way and in a way that

minimises the impacts on both mother and child, given the important developmental phase. That's not always achieved because of circumstances. There are - there are a range of options that are considered. Placement of both mother and child within the context of a family is one of those where that can be effectively and safely maintained. And we look to try and prioritise that sort of arrangement as far as possible, but I understand that that's not always possible or feasible, given some of the risks. So we -

COMMISSIONER HUNTER: Can I just say in this case that Ms McLeod pointed out, where she had to travel with the child 2.5 hours during lockdown to basically check in with her baby. And this isn't one isolated incident. As you know, I've worked within the system as well. The demands on parents to meet the criteria sometimes are absolutely ridiculous. You have got parents travelling across - because it sits within another zone, yet no one is supplied with how to get there, or -

MR ALISANDRATOS: I understand, Commissioner. In that circumstance, the child was placed in a - in a different location to the mother.

COMMISSIONER HUNTER: But isn't it supportive of - shouldn't we be supportive of parents to keep contact with the children? That's how they develop who they are.

MR ALISANDRATOS: Absolutely. Absolutely.

COMMISSIONER HUNTER: And we see this time and time again. And this obviously is just one example of parents are unable to meet the needs, not of their child but of child protection. Is that the standard? To meet the needs of child protection, not to meet the needs of the child? Because that's what it feels like.

MR ALISANDRATOS: So, in this circumstance, I understand from what I've - from what's been provided to me, that the placement could only be made in a different location to where the mother resided. The support that was provided to the mother was by way of taxi vouchers and a whole range of other assistance to be able to get her across. That doesn't minimise the considerable impost and impact that it has on that parent.

COMMISSIONER HUNTER: It's a newborn.

MR ALISANDRATOS: I accept that.

COMMISSIONER HUNTER: You know, and I -

MS MCLEOD: And travelling by car then reduces two-and-a-half hours to an hour or so.

MR ALISANDRATOS: Yes.

COMMISSIONER HUNTER: Can I ask, Ms McLeod: just travelling out of home when you have a newborn, let alone being COVID, that's stressful in itself. And the fact that you've got child protection involvement adds to that. And it's just - it's just a mother comment probably, more than a Commissioner comment there.

MS MCLEOD: There's also a suggestion that the courts are overseeing the process, so there's a check and balance in the system. But if you're dependent on the mother's advocates, essentially, those legally representing her, assuming she has those people available to her to raise these concerns about unrealistic conditions, isn't it the role of the child protection worker to put that case also, that the conditions aren't working?

MR ALISANDRATOS: Absolutely. And – and the department, through the child protection practitioner, would make recommendations about the type of contact and the nature of that contact; and the court would accept or not accept some of those conditions. And often we have a situation where the court does impose greater contact than perhaps what might be recommended by the practitioners. So we've got to make that work in the best possible way that we can.

COMMISSIONER HUNTER: You have transport workers; am I correct?

MR ALISANDRATOS: Yes.

COMMISSIONER HUNTER: Yes, but you're under-resourced for transport workers, would you -

MR ALISANDRATOS: There's always a challenge of meeting all of the demand, Commissioner; yeah, absolutely. But we have got transport workers. We've got - we've got supervised access practitioners who supervise access where that's required. And then we look to other organisations, be it foster care organisations or ACCOs, who also undertake some of the supervised contact as well.

COMMISSIONER HUNTER: What is the average case load - I think you've mentioned this before - for a child protection worker?

MR ALISANDRATOS: Anywhere between 16 and 18 cases.

COMMISSIONER HUNTER: Would you agree that's way too high?

MR ALISANDRATOS: I would.

COMMISSIONER HUNTER: Thank you.

COMMISSIONER BELL: Counsel, could I ask a question?

MS MCLEOD: Yes.

COMMISSIONER BELL: I want to ask questions about unjustified notifications or expressions of concern with respect to Aboriginal unborn children. This is an issue, I understand it. Could you tell me, is it an issue?

MR ALISANDRATOS: Well, if - if we accept that of all reports for Aboriginal children, we only action to investigation 40 per cent -

COMMISSIONER BELL: Yes.

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MR ALISANDRATOS: - of those reports, then obviously 60 per cent don't make the threshold.

COMMISSIONER BELL: Yes.

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MR ALISANDRATOS: But are being reported -

COMMISSIONER BELL: Yes.

15 MR ALISANDRATOS: - to child protection. So, yes. So it's an issue.

COMMISSIONER BELL: It's an issue.

MR ALISANDRATOS: It's an issue.

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COMMISSIONER BELL: Could we - it seems a fair proposition that stigma and discrimination are behind a lot of those reports.

MR ALISANDRATOS: I - I would accept that.

25

COMMISSIONER BELL: Yes.

MR ALISANDRATOS: Yes.

30 COMMISSIONER BELL: Could you give the Commission some indication of the numbers involved? So 60 per cent of what number?

MR ALISANDRATOS: Sure. So, in terms of reports, I'll just get that for you, Commissioner. So 11,249 reports. That's in financial year 21-22.

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COMMISSIONER BELL: 11,000?

MR ALISANDRATOS: That's right. We get about 117, or 118,000 reports.

40 COMMISSIONER BELL: With respect to Aboriginal people?

MR ALISANDRATOS: Yes.

COMMISSIONER WALTER: Sorry, could you just say that again for me?

45

COMMISSIONER BELL: I'm staggered by that number.

MR ALISANDRATOS: 11,249 reports to child -

COMMISSIONER BELL: I'm staggered by that. In the financial year -

5 MR ALISANDRATOS: The financial year 21-22.

COMMISSIONER BELL: You have got 11,000 reports with respect to Aboriginal unborn children?

10 MR ALISANDRATOS: No, no, no. No, that's across its board.

COMMISSIONER BELL: Yes. Okay. Well, let's -

MR ALISANDRATOS: You want to get back to unborns?

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COMMISSIONER BELL: Well, I'd like to get back to this subject but I was concerned with unborn children in my question.

MR ALISANDRATOS: Right.

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COMMISSIONER BELL: Are you able to give me that now?

MR ALISANDRATOS: Yes, I can give you that number.

25 MS MCLEOD: And if could you just tell us where you are taking the number from, that would be helpful.

MR ALISANDRATOS: I think we provided the Commission with the data. So in 2022 there were 404 pre-birth reports.

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COMMISSIONER BELL: Pre-births, and how many of those were found unjustified or not actionable? I'm not sure of the language?

MR ALISANDRATOS: So - so for pre-birth reports, they do not then automatically move into an investigation process.

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COMMISSIONER BELL: No.

MR ALISANDRATOS: Another report would have to be initiated at the point of birth of the child to then activate, and then we go back into the -

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COMMISSIONER BELL: Well, I'm interested in how well the system protects mothers, because we're really talking about mothers -

45 MR ALISANDRATOS: Yes.

COMMISSIONER BELL: - in a very great (indistinct) -



MR ALISANDRATOS: Yes.

COMMISSIONER BELL: - from stigma and discrimination in the notification system.

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MR ALISANDRATOS: So what I would say, Commissioner, is that generally, particularly in the pre-birth report environment, it's professionals who are making judgments about potential risk, given the circumstances that the mother is currently experiencing. Those professionals largely are health professionals, or even child protection practitioners who may already have been involved with the mother through previous children.

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COMMISSIONER BELL: But that mother is subjected to interaction with departmental officers with respect to the child that wouldn't occur but for in a significant number of cases, reports based on the stigma and discrimination towards Aboriginal people. Is that an issue? Can you comment upon that?

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MR ALISANDRATOS: I would - I would never say it's not an issue, Commissioner. It is absolutely one issue but it wouldn't be the only issue -

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COMMISSIONER BELL: Yes.

MR ALISANDRATOS: - or the only driver of people forming the view that there is a potential need for protective intervention.

25

COMMISSIONER BELL: I understand that answer. Do you - as it is an issue, do you have procedures and practices to protect the mother from - from that discrimination, in that setting?

MR ALISANDRATOS: Well, that's a big question, Commissioner, because that - that goes to multiple settings across multiple health and social care environments, or who - so largely professionals who are forming those, those positions and, of course -

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COMMISSIONER LOVETT: Assessments.

MR ALISANDRATOS: And forming those judgments about potential risk.

35

COMMISSIONER BELL: Yes.

MR ALISANDRATOS: Now, we've got - we've got mechanisms regarding how we ensure that services continue to be culturally safe and culturally attuned. There are standards that we expect our funded organisations to be compliant with. There are expectations about how they drive their cultural proficiency so we mitigate any of those biases. Are they working, is probably the next question that you're likely to raise. And from a -

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COMMISSIONER BELL: You guessed it.

45

MR ALISANDRATOS: From a - from a - from a compliance perspective, the assessments that are undertaken on a three-yearly basis through our Human Service Standards would

suggest that most are complying. But, of course, it ultimately comes back to the experience of individuals who interact with those services, and the impact.

5 COMMISSIONER WALTER: The last, or the August '21 review of those standards found that there was major non-compliance in relation to people maintaining a strengthened connection to Aboriginal and Torres Strait Islander cultural community. So -

MR ALISANDRATOS: It depends which one - which one you're talking about.

10 COMMISSIONER WALTER: Well, that's August 2021. It's not very long ago.

MR ALISANDRATOS: No, no, I accept that, but it depends on - so I'm talking about the whole system and every funded organisation that we - we have and have an expectation of - and, of course, there is going to be non-compliance across some organisations.

15 COMMISSIONER WALTER: This DFFH services that subject -

MR ALISANDRATOS: Sorry?

20 COMMISSIONER WALTER: This is your departmental services that were -

MR ALISANDRATOS: Right, yes. Yes.

25 COMMISSIONER BELL: Thank you. Can I just come back, Counsel, to the broader issue. I think it was 11,000 notifications.

MR ALISANDRATOS: Yes.

30 COMMISSIONER BELL: Plus 60 per cent found not substantiated.

MR ALISANDRATOS: Correct.

35 COMMISSIONER BELL: You accepted that stigma and discrimination in the minds of those making notifications was a significant issue. Do you have - it's the same question arises, really. What does the department do to protect families from that kind of discriminatory conduct?

40 MR ALISANDRATOS: So probably a couple of things. A continued focus on building more early intervention capacity, making that more visible, making that more trusting, so that - so that families are self-selecting to gain the support from predominantly -

COMMISSIONER BELL: I think we're at cross-purposes here. I'm looking at a significant population of people who are making notifications -

45 MR ALISANDRATOS: Yes.

COMMISSIONER BELL: - about children -

MR ALISANDRATOS: Yes.

COMMISSIONER BELL: - of Aboriginal families found not to be justified.

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MR ALISANDRATOS: Yes.

COMMISSIONER BELL: When stigmatising and discriminatory attitudes in the mind of the notifier are the real issue.

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MR ALISANDRATOS: Yes.

COMMISSIONER BELL: So the question is, given that these things have consequences, what does the department do to protect Aboriginal families from that?

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MR ALISANDRATOS: Yes, so there's two elements to that. One is how we get the right support network in place. The other element is how we get particularly mandated notifiers, reporters -

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COMMISSIONER BELL: Yes.

MR ALISANDRATOS: - to understand that there are different service pathways other than child protection, and that is something that we've been working on. The Orange Door that we referenced earlier is an example of a system change that seeks to deliver an integrated and visible service response so that reporters are not just seeing a child protection gateway -

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COMMISSIONER BELL: Yes.

MR ALISANDRATOS: - as the only solution to -

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COMMISSIONER BELL: to (indistinct).

MR ALISANDRATOS: - bring in support. So, over time, we are trying to redirect much of that into different pathways of support. But we also have to educate notifiers, reporters, of how they differentiate between a child who's in need of protection vis-a-vis a child and a family who may have support needs.

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COMMISSIONER BELL: Yes.

MR ALISANDRATOS: And then what pathway. Again, we're - we're on a journey to try and shift the system to see differential pathways and to reduce the numbers that are coming into child protection, because that would clearly indicate that whilst there are families with needs, they may not be needs that constitute a child being in need of protection. And we've got to make that distinction for - for the broader service system and the broader community.

45

COMMISSIONER LOVETT: Can you break down the notifying group for us?

MR ALISANDRATOS: I can't right now, Commissioner, but yes –

COMMISSIONER LOVETT: Can you come back to us on that?

5 MR ALISANDRATOS: Yes.

COMMISSIONER BELL: That is a good question. A good question.

MR ALISANDRATOS: I'll do that.

10

COMMISSIONER BELL: Thank you.

MR ALISANDRATOS: And largely, without having the information in front of me, education, schools, predominant notifiers, as you would expect because most children are seen in – in school settings.

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COMMISSIONER LOVETT: I guess my question is more about internally around the groupings around the notifiers internally for the department. Which regions, which areas?

MR ALISANDRATOS: Sure. Yeah. I think we have already provided that to the Commission.

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COMMISSIONER LOVETT: You have?

MR ALISANDRATOS: Yes. But if we haven't and we haven't got it in the form that you are seeking it, we'll make it available.

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COMMISSIONER LOVETT: Thanks.

MS MCLEOD: Can I come at this aspect of discrimination and bias another way. The Commission has heard evidence from Dr Jacynta Krakouer, her evidence given on 8 December 2022 WUR.004.0199, transcript page 244 to 245, and the essence of her evidence was this notion of child protection – there being no report to the mother of concerns because of a fear that she might be a flight risk if she is notified that child protection has received a report. I will just read you a passage from her evidence:

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*"...we have mums who have child protection show up within hours of them giving birth and that is the first person they see outside of the midwives. The first face that they see when they are holding their newborn is the child protection worker, and because child protection actually cannot substantiate or conduct official investigations in utero during pregnancy they are concerned with this concept of flight risk. They are concerned if they tell the mother that there is a notification she is going to do a runner, she's going to go to another State."*

40

And then she goes on:

45

*"So they use this concept of flight risk as a way to justify not actually being transparent and not actually communicating the risk to the mum. The result is that the mum sometimes doesn't*

*know this is coming. The midwife legally is not allowed to tell the mum why the notification has been received. They can tell them that a notification has been received but not why and you have that information."*

- 5 She refers to her submission. So this desire to not be full and frank with the mother in terms of notifications and because of a perception that the mother might take off, is the department aware of this as a risk and, if so, what does it do to address that concern?

10 MR ALISANDRATOS: So the notion of pre-birth report is to mitigate that scenario; to do the work with - with the mother in the lead-up to the birth; to minimise the need for child protection involvement at that point. However, if - if that work hasn't been effective or successful and a plan has been put in place to activate a protection application at the point of birth, then a determination about how that gets managed will depend on factors that will be incorporated in the assessment around is the mother likely to react adversely? Is the mother  
15 likely to be a flight risk? They are all factors that are assessed as part of that plan.

In extreme situations, I acknowledge that there might be circumstances where that sort of action is undertaken on the basis that there is concern that a mother might - might flee. But that would be in an extreme situation where all the intelligence and all the assessment leads  
20 the practitioners to make that determination, and it wouldn't be the standard approach, if you like, for how we would engage with - with a parent, with a mother.

MS MCLEOD: So it shouldn't be the standard approach?

25 MR ALISANDRATOS: It should not be the standard approach.

MS MCLEOD: Transparency and -

30 MR ALISANDRATOS: Absolutely.

MS MCLEOD: - trust are critical.

MR ALISANDRATOS: Absolutely.

35 MS MCLEOD: And that involves communication with the mother?

MR ALISANDRATOS: Exactly.

40 MS MCLEOD: So that she can understand what services are available to her?

MR ALISANDRATOS: Absolutely.

MS MCLEOD: To defray that risk?

45 MR ALISANDRATOS: That's right.

MS MCLEOD: I just want to touch - the last thing I want to touch on this topic is custodial settings. Are you aware of the submission of Djirra, NUT.0001.0044.0015? If we could bring that up on the screen, please, page 3 at pages 20 to 22. I'm not sure if you have that handy?

5 MR ALISANDRATOS: I don't.

COMMISSIONER WALTER: Ms McLeod, can I just ask a question from the last one. Given that you've said that this is an extreme circumstance, how many cases would you have per hundred where the mother is not notified?

10

MR ALISANDRATOS: I wouldn't have that information before me.

COMMISSIONER WALTER: Okay, so we don't actually have any data that would state whether or not this is actually being done in extreme cases or whether it's more widespread?

15

MR ALISANDRATOS: All I'm saying, Commissioner, is I don't have that data in front of me.

COMMISSIONER WALTER: Can we have that data?

20

MR ALISANDRATOS: We can, yep, we can certainly look to -

COMMISSIONER BELL: Mr Alisandratos, if the non-substantiation rate is 60 per cent of 1,000 with respect to Aboriginal child notifications, what's the non-substantiation rate for either the population generally or for non-Aboriginal notifications?

25

MR ALISANDRATOS: Commissioner, can I just clarify that?

COMMISSIONER BELL: Yes.

30

MR ALISANDRATOS: Are you talking about the investigation rate, the 40 per cent that I was referring to?

COMMISSIONER BELL: Yes, I'm sorry.

35

MR ALISANDRATOS: No, no, that's okay.

COMMISSIONER BELL: I see I slipped in my language.

40 MR ALISANDRATOS: No, that's okay. So the investigation rate for - is 29 per cent for non-Aboriginal children.

COMMISSIONER BELL: Thank you. And what's the absolute number?

45 MR ALISANDRATOS: In pure numbers, I'll just get it for you. So 31,000 investigations for non-Aboriginal children compared to 4,445 investigations for Aboriginal children, and that's in a 12-month period.

COMMISSIONER WALTER: That's 29 per cent for non-Aboriginal children. What was the rate again for Aboriginal children?

5 MR ALISANDRATOS: 40 per cent.

COMMISSIONER WALTER: 40 per cent. Okay.

MR ALISANDRATOS: That's investigations as a percentage of reports.

10 COMMISSIONER WALTER: Yes, I understand.

MS MCLEOD: So on the screen we have the Djirra submission, and could I ask the operators please to turn to page 11.0015. Djirra are addressing the custodial settings and the situation of women staying with their children in prison. Some recommendations they make at page 11 include implementing culturally appropriate and timely processes. So just start this under the heading of Mothers in Prison and Child Removal, they note:

20 *"The majority of women in the Djirra system in prison are mothers. Separation of mothers and children, even for short periods of time, can be devastating. The harm of child removal from Aboriginal and Torres Strait Islander mothers must be considered in the context of the ongoing harms of Colonisation."*

25 They make reference to the *Bringing Them Home* Report and the history of forceable removals and devastating impact, intergenerational impact, on Aboriginal and Torres Strait Islander families and communities:

30 *"Djirra's legal team reports that over the last decade, there has not been any successful applications for a pregnant mother to keep her baby with her in prison. The application process disproportionately impacts on Aboriginal and Torres Strait Islander women, as the threshold is very high. There are also long delays in receiving an outcome because the woman must wait for a steering committee to sit before a decision is made."*

35 They also report:

*"...instances of women taken from prison to hospital to give birth, the baby taken away, and the women then had to return to prison without their baby. This is a specific trauma that could be prevented."*

40 And they urgently recommend that:

45 *"Aboriginal and Torres Strait Islander women who have children not be imprisoned. Where this is not possible, Djirra recommends the urgent implementation of a culturally safe process for women to keep their babies with them in prison. These processes should also be available to those with young children."*

So the point of the:

*"...high incarceration rates of Aboriginal and Torres Strait Islander women directly impacting on child removal rates, the rights of those Aboriginal and Torres Strait Islander children, and have ongoing devastating impacts on our families and communities."*

5

So, first picking up that thread of culturally appropriate and timely processes to ensure that First Peoples mothers can keep their babies and children while they are in prison. Now, I understand that women's prisons, Dame Phyllis Frost and Tarrengower, has a limited capacity to permit women to remain with young children. Are these in, do you know, shared unit arrangements, or as close as possible to a home environment replicated within a custodial setting?

10

MR ALISANDRATOS: Ms McLeod, I'm probably not well positioned to respond to this. This is the domain of Corrections Victoria who are largely accountable and responsible for delivering these services. And, of course, we - we - we contribute to an assessment that is undertaken by Corrections Victoria through our Office of Professional Practice, but it's a contribution, if you like, in terms of what we bring to the - to the determination of the Commissioner to form a view about whether it's appropriate, safe and workable to have the child being part of the Living with Mum program.

20

MS MCLEOD: So Djirra also report to a couple of services that they provide in prison context, including Sisters Day In and the Dilly Bag, and their ability to deliver those services such as they can. If it was up to you and the Child Protection Department as opposed to Corrections, would the ideal be that women not be in custodial settings and, if they had to be, they'd be in minimum security or community release type systems?

25

MR ALISANDRATOS: It's really difficult for me to answer that, Ms McLeod. It - yes, as a principle, we would say wherever possible trying to - having an environment where we can have child with mum would be ideal. But that would depend on many, many considerations that both Corrections Victoria and ourselves would have to obviously be informed about, given circumstances and workability of those arrangements, and capacity for that matter.

30

MS MCLEOD: From a health perspective and consistent, I suggest, with the Close the Gap targets on out-of-home care and incarceration, would you agree that ideally the government should be looking at decarceration options for parents of very young children?

35

MR ALISANDRATOS: I think that's a matter for government. But, yes, any - any options, any - any effort to broaden the range of options would be - would be definitely welcome.

40

MS MCLEOD: You're a public servant of some 30 years experience in the child protection system. Government setting policy and meeting the obligations and commitments of the Close the Gap targets are guided by your advice; agree?

45

MR ALISANDRATOS: They are guided by many public servants.

MS MCLEOD: Including you?



MR ALISANDRATOS: Including me.

MS MCLEOD: The person that child protection has put up -

5 MR ALISANDRATOS: Yes.

MS MCLEOD: - to respond to this Commission.

MR ALISANDRATOS: Yes.

10

MS MCLEOD: Can I ask you your view, frankly and without concern about political niceties, should we be moving to a decarceration system for mothers and their young babies?

15 MR ALISANDRATOS: I - I think from - from our perspective, any option that enables us to safely keep mother and child together would be an absolutely welcomed option.

MS MCLEOD: And we've only been talking about mothers, of course. The focus is on mothers. It would also serve fathers, both in terms of their bonding with their children, that child's rights, that child's cultural safety, for their fathers to have decarceration options when their children are very young, would you agree, in most cases?

20

MR ALISANDRATOS: I would agree that maintaining relationships between parents and their children is absolutely critically important, and any efforts that broaden the range of options for how we do that would be - would be very welcomed.

25

MS MCLEOD: We cannot overlook the bond that fathers need to have with their children and their role in providing safety, security and cultural support to those young children, can we?

MR ALISANDRATOS: Yes.

30

COMMISSIONER HUNTER: Can I just give you some feedback from one of the men's prisons we visited. Two men in particular, their children are about to go in permanent care. They weren't consulted. They haven't heard from child protection. Some of the women that are on remand haven't spoken or know of where their children are because their child protection workers, they can't get hold of. It also costs them, I think -

35

COMMISSIONER WALTER: \$12.

COMMISSIONER HUNTER: \$12 for two minutes or something to ring. So they're not getting - like, they were very clear that child protection is not - they can't contact. They're stuck in this environment where they can't - they don't know where their children are; they don't know what's going on. There's Zoom. One of the women didn't even know she could have Zoom visits with her child. Another woman had to - isn't it the child protection worker to reach out to them or is it not, to keep these children connected?

40

MR ALISANDRATOS: Yes.

45

COMMISSIONER HUNTER: But they don't know what's going on. So - and that was several, men's and women's, and -

MR ALISANDRATOS: Yes.

5

COMMISSIONER HUNTER: And it was quite a number of these women that are not - have no - that goes towards mental health issues as well.

MR ALISANDRATOS: Absolutely. I'm happy to follow up on any details that you would provide me on those circumstances. But absolutely we should be maintaining contact and doing everything we possibly can to engage with parents and inform them about decisions that are being made and that's - if that's not happening, and you've got examples of that, I'm more than happy to -

10

COMMISSIONER HUNTER: It really concerns me. It was a lot of them and we can't - we promised them the whole thing would be, so I'm happy to reach out to them again if they want to give me details.

MR ALISANDRATOS: That would be great.

20

COMMISSIONER HUNTER: But these weren't one offs; it was quite a few in the men's and women's prisons. And it really concerns them. They don't have - at the moment to do the outreach and do these things. They're in an environment where they want to know their children are safe.

25

MR ALISANDRATOS: I completely understand, and whilst there are support workers in those custodial settings who could advocate, if that's -

COMMISSIONER HUNTER: The ALOs are very overworked with the resources that they have. I get that. But it's also child protection's, you know - some don't want their children visiting: totally get that, right.

30

MR ALISANDRATOS: Yep.

COMMISSIONER HUNTER: But we have Zooms and we have letters and we have ways of contact. It needs to be maintained because these women - like, one wouldn't even talk and broke down. She said, "I can't even talk because I haven't seen them in so long." That's concerning. That's really, really concerning. I don't know what the Child Protection Manual says; I haven't looked at it. But I really hope you can take that on board. These children need their parents as well.

40

MR ALISANDRATOS: Yeah, I would definitely take that on board, Commissioner. In terms of the manual, the practice advice, our practice advice is always about engaging transparently with - with families and with parents, and making every effort to connect and be able to inform them about decisions that are being made for children. If that's not happening in these circumstances, as I said, I'd be more than happy to follow up those circumstances that you've -

45

COMMISSIONER WALTER: And, look, it was enough. It was repeated again and again and again. This is not a series of isolated incidents. It seemed very much, from what we were given, to be a systemic issue.

5 MR ALISANDRATOS: Yes, I accept that.

MS MCLEOD: You are aware of a BDACS Nugel program?

COMMISSIONER HUNTER: Nugel.

10

MS MCLEOD: Nugel, sorry. The Nugel program?

MR ALISANDRATOS: Yes, I am.

15 MS MCLEOD: Could you tell the Commissioners, those who don't know, broadly what that program provides?

MR ALISANDRATOS: Can I clarify. Is it VACCAs?

20 COMMISSIONER HUNTER: No, she said BDAC.

MS MCLEOD: BDAC.

MR ALISANDRATOS: I think Nugel is VACCAS.

25

MS MCLEOD: Perhaps I can clarify that.

COMMISSIONER HUNTER: Section 18 are we talking about?

30 MS MCLEOD: Yes.

MR ALISANDRATOS: Yes, so Aboriginal Children in Aboriginal Care, Nugel is VACCA's section 18 -

35 MS MCLEOD: I'm sorry.

MR ALISANDRATOS: - program. BDAC have got a similar program but it's not referred to as Nugel.

40 MS MCLEOD: Okay. So those programs, what is the aim of those programs?

MR ALISANDRATOS: So under section 18 as we talked a couple of weeks ago, both VACCA and BDAC are authorised to take on the secretary's responsibilities and decision-making powers in respect to children that are authorised to those organisations, to those principal officers of those organisations. So they, in effect, take the day-to-day carriage of both case management and formal decision-making under the - the legislation.

45

MS MCLEOD: And the reason I asked you is because I want to ask you, ideally those services would be as close as possible to the custodial setting of a parent who is in custody; would you agree?

5 MR ALISANDRATOS: If you're asking me are they located -

MS MCLEOD: Should they ideally be accessible to parents in a custodial setting?

10 MR ALISANDRATOS: Well, so - so an organisation like VACCA has service outlets in multiple locations across the State. So, yes, they would be accessible to -

MS MCLEOD: And should be.

15 MR ALISANDRATOS: Yeah, to some custodial services but not all of them, yeah.

MS MCLEOD: I want to move on to another topic and I have a little way to go. Is it convenient to take a short break?

20 CHAIR: Yes, please. Yes. Are we talking 15 minutes?

MS MCLEOD: Yes, 15.

CHAIR: Thank you. We will be back at 12.15. Thank you.

25 **<ADJOURNED 11:59 A.M.**

**<RESUMED 12:15 P.M.**

30 MS MCLEOD: There's one correction I need to make to a document number, but I don't need to trouble you with that. The VGSO letter that sets out the statistics of unborn reports entering care at particular ages, I asked you whether those numbers were cumulative, aggregate. The VGSO letter is VAL.1000.0004.0074. That's the number that has now been allocated.

35 And if I can just offer you these numbers so that there's clarity about the numbers we're talking about. First Peoples children entering care within three months of age following an unborn report in 2021, the number is correct; that's 88, which represents 21.5 per cent of children who enter care, compared to non-Aboriginal children, 210 or 13.5 per cent. So that number is correct.

40 For the next age bracket, four to six months of age, the numbers are 11 or 2.7 per cent, compared to non-Aboriginal children, 24.15 per cent. And entering care within seven to 12 months of age, 17 or 4.2 per cent compared with a non-Aboriginal children, 43 or 2.8 per cent. So that first bracket of numbers is correct that we discussed this morning, but obviously the aggregate numbers are lower across that age bracket. Does anything change in the discussion  
45 that we had about those numbers being unacceptably high?

MR ALISANDRATOS: They're high, but I just want to be really clear that they're cumulative rather than additional numbers in each of those categories.

5 MS MCLEOD: Thank you. And we'll find a document number for those statistics. The last thing before I exit - leave this topic is the question of mandatory reporting. Under section 184 of the Act, a mandatory reporter who's in a practising professional position, if they form the view on reasonable grounds the child is in need of protection, on a ground referred to in 160 or 62, which is unacceptable harm, they must report. So that's the regime intended to protect children?

10 MR ALISANDRATOS: Correct.

15 MS MCLEOD: And a mandatory reporter, for our purposes, given the example you spoke about before, can include a registered medical practitioner, a nurse, a midwife, a teacher, a principal of a school and so on.

20 So we have a regime of mandatory reporting that places teachers, childcare workers, healthcare workers, midwives and others in a situation where, if they have a concern within the definition in the Act, they must report that child protection concern. Does this impact on the trust relationship that a woman with a young child or pre-birth has, raising concerns, for example, of family violence, a risk, a known and documented risk, in terms of the processes child protection workers consider when they're thinking about removal? Does this inhibit the reporting by those women to those mandated reporters of concerns for their own health and wellbeing? In other words, put it simply -

25 MR ALISANDRATOS: Yeah.

30 MS MCLEOD: - "If I tell my midwife that I am being subjected to family violence, I will lose my child."

MR ALISANDRATOS: Can I just clarify, Ms McLeod, are we talking pre-birth?

MS MCLEOD: Pre and post.

35 MR ALISANDRATOS: So, yes. There's - there's - there would definitely be a concern from a parent perspective about what level of information they would disclose potentially if they were - if they were - if they were aware of that the person they were disclosing would be mandated to report that. The person -

40 MS MCLEOD: That would be.

MR ALISANDRATOS: - mandated to report, the individual mandated to report would still have to form a view -

45 MS MCLEOD: Yes.

MR ALISANDRATOS: - that a child is in need of protection.

MS MCLEOD: Yes.

MR ALISANDRATOS: And so there's a threshold -

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MS MCLEOD: Yes.

MR ALISANDRATOS: - to reach -

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MS MCLEOD: Yes.

MR ALISANDRATOS: - before that view is formed.

MS MCLEOD: Assuming that threshold is not the issue here, the intention of the mandatory reporting is to protect the person who's the victim of family violence; correct?

15

MR ALISANDRATOS: Yes.

MS MCLEOD: What I'm asking you is whether the mandatory reporting requirements can operate counterproductively to inhibit reporting because of a fear that child protection will then become involved and remove a person's child.

20

MR ALISANDRATOS: It's a - I probably should add another clarification in that -

25

MS MCLEOD: Yes.

MR ALISANDRATOS: - mandatory - the mandatory reporting requirements only pertain to physical and sexual abuse.

30

MS MCLEOD: I see.

MR ALISANDRATOS: They're very narrowly constructed in legislation and it only goes to a mandated reporter forming the view that a child is subject to either physical or sexual abuse or likely to be subject to physical and/or sexual abuse as opposed to a broader range of need or concern.

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MS MCLEOD: So the reference you're making is to section 162(1)(c):

*"The child has suffered or is likely to suffer significant harm as a result of physical injury and the child's parents have not protected or are unlikely to protect that child from harm."*

40

And (d):

*"The child has suffered or is likely to suffer significant harm as a result of sexual abuse."*

45

MR ALISANDRATOS: Correct.

MS MCLEOD: Parents not protecting.

MR ALISANDRATOS: And the mandated provisions are for those two categories only.

5 MS MCLEOD: Just coming back to Commissioner Bell's question about the numbers, about the significant numbers being reported, are you seeing an incidence of overreporting under the mandatory reporting regime?

10 MR ALISANDRATOS: Well, the - the data would suggest that 60 per cent of reports of Aboriginal children are not meeting the threshold. So, yes, on balance, we are seeing more reports that are coming in that meet the threshold for a statutory child protection intervention.

15 MS MCLEOD: And a person who may be facing a situation of family violence or where there's a risk within the home of sexual abuse may not - who may be a victim themselves, a mother, for example, may not report those facts to authorities who can - and, sorry, to services who can assist her if she is concerned that the mandatory reporting regime will mean child protection will be knocking on the door. You agree that that's a problem?

20 MR ALISANDRATOS: Yes, that is potentially a problem for those two specific categories where mandated reporters are required to report those abuse types.

25 MS MCLEOD: So how do child protection workers work out - I guess my question is: how do we solve that issue, because you're dependent on trust and you're dependent on women bringing themselves forward to services and being full and frank in their disclosure of concern so they can access health services. But if a consequence is for their own protection that they may lose their child because of mandatory reporting -

30 MR ALISANDRATOS: Well, mandatory reporting doesn't necessarily mean they will lose their children. It means that -

MS MCLEOD: I'm talking about their fear.

MR ALISANDRATOS: Their fear, yes.

35 MS MCLEOD: An inhibition on sharing matters that are deeply and strictly relevant to their health and wellbeing.

40 MR ALISANDRATOS: Yes. And it's a real issue. So I'm not - I'm not minimising the issue that you're pointing out. The way that we work towards solving it is through a number of initiatives that we've undertaken already and will continue to undertake; grow the capacity of our Aboriginal Community Controlled Organisation as trusting local community organisations to be able to respond to the needs of families and mothers, because that is the most trusted of environments, if you like. Information provision to consumers and service users about what they can expect from their services and how they will be treated and a cultural proficiency that is built into - across our service system, which clearly we've got significant more work to do. But it's important work that we continue to drive cultural safety and cultural proficiency across all our non-Aboriginal services. Raising awareness, information provision, engaging with

schools, engaging with health services to bring that level of awareness to families and mothers who will use those services will negate some of that concern.

5 Having a network of Orange Doors across the State as a differential pathway is a significant investment that government has put in place.

COMMISSIONER WALTER: Those Orange Doors, they are non-Indigenous service, aren't they?

10 MR ALISANDRATOS: They are. They are a holistic service for all members of the community, but each of them have a strong Indigenous presence in terms of the cultural response that they bring to the delivery of those services for - for First Peoples.

15 COMMISSIONER LOVETT: What does that mean, though? Can you just elaborate on that last comment about culture and presence and that, please?

MR ALISANDRATOS: Yeah. So each of the Orange Doors would have a cultural advisor, would have a connection, a funded connection and a presence from a local Aboriginal Community Controlled Organisation. All referrals for First Peoples are assessed and  
20 prioritised from that - that - that part of the service, and brings a cultural perspective to the needs of those individuals who are seeking assistance and support from the Orange Door, and then a referral pathway to the most appropriate Aboriginal Community Controlled Organisation or specialist family violence provider who is delivering the intensive family violence response from the Orange Door.

25 COMMISSIONER HUNTER: That's only if family violence is involved, can they access Orange Door; is that correct?

MR ALISANDRATOS: No. So the - the development of the - of the Orange Doors brought  
30 together, as per the recommendations of the Family Violence Royal Commission, the entry point for both child wellbeing, family wellbeing and family violence. The Royal Commission in its determination formed a view that the former differential pathways were not an effective way of integrating responses to what often was need that crossed both the family violence dimension and the children at risk dimension. And particularly where family violence is such  
35 a pervasive characteristic on many of the families that are interacting with those services.

So it brought together the former child first entry points that were the entry points to the children and family system, and it brought the intensive family violence entry points together and the men's behaviour change entry points into one consolidated co-located entry  
40 port - point called the Orange - Orange Door.

COMMISSIONER LOVETT: And Aboriginal women accessing that service, if they were to turn up and say that they are obviously victims of family violence, would that trigger Orange Door to then notify child protection?  
45

MR ALISANDRATOS: Not - not necessarily. It would depend on the circumstances, the view formed by the Orange Door and the assessment undertaken by the Orange Door,



including the Murram assessment that we spoke about a couple of weeks ago and what risk mitigation the Orange Door service was able to put in place with the mother and with the family.

5 COMMISSIONER LOVETT: Do you think that would be a fear though of Aboriginal women that accessing Orange Door for instance, a mainstream service, that that would be potentially a barrier for them to access that service?

10 MR ALISANDRATOS: It could be a fear mitigated by the fact that in each of the Orange Doors, for all First Peoples who are accessing support, that support is provided through the onsite Aboriginal cultural advisor practitioner, and any assessment that is undertaken would be undertaken with that person leading that - that assessment and then determining the need.

15 COMMISSIONER LOVETT: And what authority does that role have, the cultural advisor working there? Like, what's, you know, what - you know, what authority or is it influence that they have? Different things, remember, from last time we spoke.

20 MR ALISANDRATOS: Yeah, pretty significant - it's significant in this instance, because predominantly all - all presentations from First Peoples are managed through that - that pathway and then into an Aboriginal Community Controlled response, be it a specialist violence one or a child and family, or, in an ideal situation, a much more holistic and integrated response.

25 COMMISSIONER LOVETT: How many organisations or other services that you provide for Aboriginal specifics - we are talking about Orange Door which is mainstream.

MR ALISANDRATOS: Yes.

30 COMMISSIONER LOVETT: How many Aboriginal specific services like that are funded by the department to support our women, or women who are victims of family violence?

35 MR ALISANDRATOS: I could certainly provide that to you, Commissioner. I don't have it in front of me at this point, but there are multiple organisations across the State that receive intensive family violence support funding to work with Aboriginal women across the State and there is a significant network of those services that - that are provided.

COMMISSIONER LOVETT: Those specific facilities is probably what I'm saying.

40 MR ALISANDRATOS: If you're talking facilities as in - are you talking refuges?

COMMISSIONER LOVETT: Yes.

MR ALISANDRATOS: Yes, there are, there are specific refuges as well.

45 COMMISSIONER WALTER: When we were on country, we did our on country yarns last March. At a number of locations, people in the yarning cycle expressed dissatisfaction with Orange Door specifically, and also just expressed a lack of trust about their cultural

capabilities. So I don't know how widespread that is, but it did come up in a number of different locations.

5 MS MCLEOD: Famous words, one last question, on this topic of custodial settings, if I can just go back to that. There's no requirement, am I understanding this correctly, there's no requirement that a child protection worker engage with a parent who's in a custodial setting on a topic of potential reunification? When they're considering potential reunification options, there's no requirement on the child protection worker to engage with the parent?

10 MR ALISANDRATOS: If they're actively working towards reunification.

MS MCLEOD: They should.

15 MR ALISANDRATOS: Then there is absolute requirement that they engage with the parent.

MS MCLEOD: And if that's not happening, then that's the system failing?

20 MR ALISANDRATOS: If that's not happening, then that's a failure in - yeah, in that circumstance, yeah.

MS MCLEOD: Thank you. I want to turn now to the topic of out of home care and aftercare support. Just to contextualise this, the *Children, Youth and Families Act* introduced an obligation to assist care leavers exiting out of home care previously up to the age of 18, but that has been extended to age 21 as a potential package of services available to those exiting out of home care, I think it was 19 - 2020 or around then, right?

MR ALISANDRATOS: Yes.

30 MS MCLEOD: And this extension of services available to those teens leaving out of home care and withdrawal of supports at 17 years of age was introduced in the recognition by the government that the sudden guillotine on services or the sudden exit from care drove young people to homelessness, destitution, associated health and other social impacts, could interrupt their education if they were still at school at age 18, at a critical time, obviously, and it also drove interactions with police and pathway towards the criminal justice system. Those measures - I'm sorry, it was January 2021, first introduced as a pilot in 2018, then permanently from January 2021. Victoria was something of a leader nationally in leading that change. You're familiar with that package of measures that was introduced?

40 MR ALISANDRATOS: I am.

MS MCLEOD: Yes. Aftercare support now is intended to be available on a universal basis?

MR ALISANDRATOS: Yes.

45 MS MCLEOD: It's meant to allocate around 20 to 27,000 to each care-leaver made up of about 16,000, either provided directly to foster or kinship carer, or as a stipend for those unable to remain in care.

MR ALISANDRATOS: Yes.

5 MS MCLEOD: Around nine and a half thousand to fund a case worker through the Better Futures program, that's still in place.

MR ALISANDRATOS: Yes.

10 MS MCLEOD: And some flexible funding to purchase goods and services, things somebody might need if they're finding accommodation.

MR ALISANDRATOS: That's right.

15 MS MCLEOD: Now, recognising that Victoria is nationally ahead of the pack in terms of these supports, for some groups of care-leavers, those leaving youth custody, those with a disability, experiencing mental health and unresolved trauma, or young parents and First Nations People seeking to reconnect with family, there are no additional measures available to assist those with special needs, are there?

20 MR ALISANDRATOS: So - so not additional to what you've -

MS MCLEOD: Yes.

25 MR ALISANDRATOS: - you've outlined.

MS MCLEOD: That is the baseline.

30 MR ALISANDRATOS: That is the baseline, and that case work support is there to essentially engage with the young person, develop the plan, work through the dimensions of education, employment, health, wellbeing, connection, and be able to devise a plan that enables a young person to transition from care to adulthood in a more seamless way, as you say, and minimise any further intrusion to tertiary systems by getting the right support at that point.

35 MS MCLEOD: So I should have also mentioned there were some special COVID measures to assist -

MR ALISANDRATOS: There were.

40 MS MCLEOD: - young people exiting state care during that period of time. You mentioned the care plan. A child or a young person aged 15 to 17 should have a care plan which forecasts or projects the needs of that young person at the time that they're expected to exit care; correct?

45 MR ALISANDRATOS: Yes.

MS MCLEOD: Are you aware that, in many cases, young people leave care without a care plan or without an adequate care plan?

MR ALISANDRATOS: So there's probably a couple of plans that are in play -

MS MCLEOD: Yes.

5

MR ALISANDRATOS: - for young people transitioning. There's the case plan, which I think you're referring to, which is - determines the sort of key decisions and the direction for the child. There's the day-to-day care plan for the child whilst they're in - in placement, and that is centred around their educational needs, their health and wellbeing needs. And then at 15 years and nine months, a referral gets made to a better - to the Better Futures program that you just outlined, where the practitioners then engage with the young people to start to develop the transition plan, if you like, that brings together all of those elements from existing plans, talks to the young person about their aspirations for where they want to be post-18, and starts to put those plans in place.

10

15

So as an example, if a young person wants to remain in the care of their kinship carer or foster carer, then that gets developed as a plan and agreed transition point. If they want to go into independent living, then obviously planning for that independent living, then planning for that independent living is mobilised. So it gives some period of time before they reach 18 for that work to happen.

20

MS MCLEOD: So that's the ideal.

MR ALISANDRATOS: That is the ideal.

25

MS MCLEOD: Are you aware whether there are numbers, significant numbers, of young people in the system who do not have those plans in place at the time they exit the system?

MR ALISANDRATOS: I don't have that in front of me, Ms McLeod, but -

30

MS MCLEOD: Is that a figure that you can check for us or is it difficult?

MR ALISANDRATOS: We can explore whether we've got a figure or a way of capturing that. There would certainly be data in terms of how many young people. So just to give you an example, since the implementation of the Better Futures and Home Stretch elements of the - of our system, in 2019, we got about three and a half thousand young people who have been referred to those Better Futures programs. So that's - that's in that three-year period, if you like, three and a half thousand young people who had been actively referred and engaged in that level of support.

35

40

MS MCLEOD: Out of how many exiting the system?

MR ALISANDRATOS: So we probably have somewhere in the vicinity of 800 to 1,000 young people exiting out per year.

45

MS MCLEOD: So since 2021, January 2021, we've had two and a bit years of exits. Are you suggesting that you're picking up nearly all of those exiters?

MR ALISANDRATOS: Yes.

5 MS MCLEOD: You mentioned the Home Stretch report, the Anglicare campaign to bring  
these measures into place. For the transcript that's BAL5.00.0003.0025. That was a campaign  
led by Anglicare and others which identified major gains and exiting state care and services to  
lifting the age from 18 to 21, and included a report by the Victorian Parliamentary Budget  
Office which looked at the costs. Anglicare in the Home Stretch report estimated the savings  
over 40 years for a cohort of care-leavers by providing them with these better homes supports  
10 would be in the sum of around \$67 million and the Victorian Budgetary Parliament - the  
Victorian Parliamentary Budget Office analysed the cost of the extension and found that every  
additional dollar spent would result in a return of around \$1, \$1.50. So clearly an investment  
that was considered worthwhile in terms of the outcomes.

15 MR ALISANDRATOS: Yes.

MS MCLEOD: In terms of the cohort who have higher needs or special needs, and I've  
identified some of those, is there an ability to extend care to 25 for them?

20 MR ALISANDRATOS: Not through the provision of Better Futures and Home Stretch but a  
good plan would look at connecting young people to more enduring -

MS MCLEOD: Adult services.

25 MR ALISANDRATOS: - adult services at the completion of the phase of intervention, if you  
like, or phase of support that Better Futures practitioners would be having. So they would be  
working to, at all times, try and get a more enduring support network in place.

30 MS MCLEOD: I'm interested in any information you can provide us - take this on notice if  
you need to - about any unmet need in - of this group, this cohort of young people. Those  
exiting care and those exiting care with special needs.

MR ALISANDRATOS: Exiting care at 21?

35 MS MCLEOD: Exiting care at 21 in terms of their access to Better Homes and exiting  
care - sorry, I will reframe the question. I'm interested in the numbers and eligibility for these  
programs and whether there are any gaps or unmet need for this cohort of 17 year olds leaving  
care at 18.

40 MR ALISANDRATOS: Right.

MS MCLEOD: And then for those with special needs, whether there's any unmet need for  
those who could benefit from the extension of the program.

45 MR ALISANDRATOS: Yes. Yes.

COMMISSIONER HUNTER: Can I just ask, what happens if they don't engage in care, the possibility of being homeless. What's the service for them if they don't engage with those?

5 MR ALISANDRATOS: Commissioner, it's a voluntary service. It isn't - it is not imposed on a young person. But every effort is made to connect with that young person and to build a relationship that continues, or that enables a development of a plan that minimises a risk of that young person being homeless. It's not guaranteed as a right.

10 COMMISSIONER HUNTER: Do you know how many leave homeless? Do we have numbers, or we don't keep those?

MR ALISANDRATOS: I wouldn't have those numbers and we wouldn't keep those numbers because they do exit out of the system at that point.

15 COMMISSIONER HUNTER: So once they exit out of the system, if they're not in any of those programs, they're on their own?

MR ALISANDRATOS: Well, they're in - they're interacting with homelessness services and other -

20 COMMISSIONER HUNTER: But from your point of view, from DFFH, they're on their own?

25 MR ALISANDRATOS: Yes. Yes.

COMMISSIONER BELL: Mental ill health is a significant factor.

MR ALISANDRATOS: It is.

30 COMMISSIONER BELL: In determining whether they will engage or not.

MR ALISANDRATOS: Absolutely.

35 COMMISSIONER BELL: And there is prevalence of this among Aboriginal young people.

MR ALISANDRATOS: There is.

40 COMMISSIONER BELL: And the acknowledged breakdown of the mental health system exposed by the Royal Commission meant that it was very difficult for anybody, including Aboriginal young people, to access the mental health services that they need.

MR ALISANDRATOS: Yes.

45 COMMISSIONER BELL: And this was contributing and still contributes to homelessness in this group.

MR ALISANDRATOS: Yes. And -

COMMISSIONER BELL: Do you know how many, as we sit here today, homeless young Aboriginal people there are?

5 MR ALISANDRATOS: I wouldn't have a number on that, Commissioner. But clearly, your points about the mental health system and its critical importance to First People is fundamental and is, as you say quite correctly, the examination of the Royal Commission and the subsequent implementation of recommendations will go a fair way to improving the functioning and the accessibility of that system for many of our service users and consumers  
10 of both statutory and non-statutory services across the children and families system.

COMMISSIONER LOVETT: You know it's an issue. You know it's an issue now. You don't have to wait for a Royal Commission like us to be able to provide a recommendation. The work should already been undertaken. You have already acknowledged that it is still an  
15 issue. So you shouldn't have to wait for us to do that. Sorry, but I had to make that comment.

MR ALISANDRATOS: Yes.

MS MCLEOD: I wanted to move to another topic - so yes.  
20

COMMISSIONER BELL: Sorry, did I interrupt you? This is a comment that I want to observe the lack of access to mental health services and its combination with the prevalence of homelessness within Aboriginal young people is a really serious human rights breakdown in the system of which we should be deeply ashamed as a community.  
25

MR ALISANDRATOS: Commissioner Lovett, can I just come back to your point. You are absolutely right. We need to be doing more, and we are and have been doing more. So as I think about preparing young people for their transition both in the work that we've done in Better Futures, getting more investment, more capacity, as Ms McLeod quite rightly saying,  
30 this jurisdiction, this State being at the forefront of driving those improvements, we have not sat idle.

We have continued to look at ways to make those transitions much more effective that minimise the impact on First Peoples children, in particular by having a much more tailored  
35 response. And even before we get to that transition point, the work that we're doing in our care services to bring therapeutic practitioners, that brings a much more contemporary, coherent understanding and a trauma-informed understanding, is about trying to minimise the trauma impact for those young people.

40 I'm not suggesting that we've solved it. We've got a way to go. But I just don't want you to be left with an impression that we haven't thought deeply about these issues, and haven't activated a whole range of initiatives with government support and investment.

MS MCLEOD: If there's no further questions, I wanted to move to the last substantive topic.  
45 In 2020, the department released a framework to reduce criminalisation of young people in a residential setting. I'm just looking for the document number, which is coming. The framework is DJCS.0003.0001.6750. You've signed that framework; you are familiar with it.

MR ALISANDRATOS: I am.

5 MS MCLEOD: And recently, in January of this year, an action plan has been produced,  
 DFFH.0006.0001.0001. There's some discussion in your statement about this at paragraph  
 473 to 487, and in terms of monitoring at paragraph 817 to 821. So just in summary, those  
 documents reflect a shared commitment of various departments, your department, the  
 Department of Health and Justice, police, residential service providers and frontline service  
 providers, to reduce unnecessary and inappropriate contact of young persons in residential  
 10 care with police arising from behaviours that manifest from childhood trauma and  
 involvement with the Criminal Justice system.

MR ALISANDRATOS: That's right.

15 MS MCLEOD: Yes. And we discussed this on the last occasion, the incidence of  
 over-reporting in residential care settings of relatively minor matters to police, and the fact  
 that that reporting brought those children into contact with the Criminal Justice system.

MR ALISANDRATOS: Yes.

20

MS MCLEOD: So I just wanted to ask you about that 18-month action plan, and ask you  
 what progress has been made between 2020 and today. That's the first question. And then  
 what - whether that's made any difference going forward.

25 MR ALISANDRATOS: Yes, thank you. Yes. So the action plan has - has been endorsed  
 formally this year, this - in March. Whilst - whilst we say the action plan has now - now has  
 formal endorsement, again, actions have been progressively been implemented through the  
 last period of time. And some of those actions, if you've got it in front of you, you will see,  
 there are about 35 targeted actions across key - five key focus areas. Those actions essentially  
 30 take to each of the participant members of the framework to implement.

There are a number of those that have already been implemented to date, decision-making  
 frameworks, the local partnership arrangements between Victoria Police and community  
 service organisations, or providers of residential care services. The addition - additional  
 35 investment in more therapeutic residential care, the diversification of our residential care  
 service model to be delivering not just standard four-bed residential care services that we  
 talked about a couple of weeks ago, but to have smaller ratios of children coming together in  
 two- and three-bed configuration. These are all part of the action plan. These are some  
 elements of the action plan that have already been put in train and are being implemented and  
 40 have been implemented.

There are numbers of other actions that are in progress, and need further engagement to  
 progress those - those actions and/or might require some further investment as well.

45 MS MCLEOD: The program or the action plan contemplates working closely with the  
 Children's Court Youth Diversion Service?



MR ALISANDRATOS: Yes.

MS MCLEOD: And Youth Justice Group Conferencing Program.

5 MR ALISANDRATOS: Yes.

MS MCLEOD: One of the things that is in progress there is the review and update of the practice guidelines for the Children's Court youth diversion service and group conferencing program. How advanced are you with that work at the moment? This is item 6.

10

MR ALISANDRATOS: My understanding that we are in early progress. Anticipated that we would have that finalised by 20 - by early 2023 but -

MS MCLEOD: We're now in May.

15

MR ALISANDRATOS: So I would suggest that that's probably a more informed progress update would be provided from the Department of Justice and Community Safety. I just don't have that in front of me in terms of whether we have met that milestone yet.

20 MS MCLEOD: So there's an update document for this action plan?

MR ALISANDRATOS: There will be.

MS MCLEOD: There will be or there is?

25

MR ALISANDRATOS: There will be an update.

MS MCLEOD: When's that due?

30 MR ALISANDRATOS: I'm not sure.

MS MCLEOD: In the next months, end of the year, next year?

MR ALISANDRATOS: There is a monitoring and implementation plan that's being developed as we speak.

35

COMMISSIONER WALTER: So the plan currently, all these things doesn't have a monitoring and evaluation plan already developed?

40 MR ALISANDRATOS: It's in the process of being finalised, Commissioner.

COMMISSIONER WALTER: It's really good practice when you do a plan to actually have your monitoring and evaluation built in at the start. I mean this is not new, that we have seen again and again and again that these strategies and plans are put in place that don't have monitoring and evaluation developed already. It almost dooms it for not being accountable for things to happen and then it just fades away.

45

MR ALISANDRATOS: My understanding, Commissioner, is that it's imminent in terms of its finalisation.

5 COMMISSIONER HUNTER: Are we able to get a copy of that when it comes through?

MR ALISANDRATOS: Sure.

COMMISSIONER HUNTER: Because this has been since 2020.

10 COMMISSIONER WALTER: No plan.

COMMISSIONER HUNTER: And resi care really sits the same, particularly - a child puts a hole in a wall, for instance, gets referred to the police, charges happen, it's the pathway to Youth Justice -

15 MR ALISANDRATOS: Yes.

COMMISSIONER HUNTER: - that we need to stop.

20 MR ALISANDRATOS: And -

COMMISSIONER HUNTER: It's three years since the signature, if I'm correct.

25 MR ALISANDRATOS: Yes.

COMMISSIONER HUNTER: I understand COVID's been and that.

MR ALISANDRATOS: Yes.

30 COMMISSIONER HUNTER: Have residential care workers had any training around this?

MR ALISANDRATOS: Yes, they have. That's what I mean, that some of the actions that you see in the action plan have already been acquitted and put in place. So the training has occurred, the decision-making framework has - has been put in place. There are - there are actions that are already being implemented as part of that action plan. And as we talked about a couple of weeks ago, notwithstanding the very, very serious manner in which we approach this work, and the seriousness of the impact for young people, because we want to minimise the - that intrusion into the Criminal Justice system, we have only 31 young people across our system at the moment that are intersecting with Youth Justice programs, so -

40 COMMISSIONER HUNTER: How many of them would be in residential care, do you know?

MR ALISANDRATOS: The majority of them would - would - I haven't got the specific breakdown.

45 COMMISSIONER HUNTER: The majority would be.

MR ALISANDRATOS: The majority, but -

COMMISSIONER HUNTER: Wouldn't this be an urgent action.

5 MR ALISANDRATOS: It is absolutely an urgent action. It's why we have put many of these actions in place already. It's why we've invested in more residential care. It's why we have invested in more therapeutic residential care. It's why we have put a diversification of our residential care into the system. It's about minimising the need to call on police resources by giving our residential care workforce the capability through training, the process, the  
10 decision-making process through a decision-making framework that - that absolutely guides them to when they need to make a call to - to police.

And the therapeutic intervention and guidance that we built within our therapeutic residential care services, all of those efforts are what's driving those numbers down and we'll see further  
15 traction, if you like, continued traction in the way that we have seen over the last few years to minimise the number of children that are intersecting with the criminal justice system.

COMMISSIONER HUNTER: Can we keep updated on this report and its evaluation as it comes out?

20

COMMISSIONER WALTER: Can you provide a copy of the monitoring and evaluation plan when it is actually developed?

MR ALISANDRATOS: Yes, we can.

25

COMMISSIONER HUNTER: This project really concerns me because we know it is that gateway.

MR ALISANDRATOS: Absolutely.

30

COMMISSIONER HUNTER: And it's just crucial - I just find it amazing we're waiting to 2020 to sign off on this to even think about this, and it's another load for the residential care workers as well.

MR ALISANDRATOS: It's another -

35

COMMISSIONER HUNTER: Another load for the residential care. And it's hard. I get it's hard.

40 MR ALISANDRATOS: I think there's a - no, I don't think, I know there is a genuine commitment to drive hard on - on this very issue because we all collectively understand everything we can do to minimise that interaction with the Criminal Justice system through by diverting and/or by having therapeutic trauma-informed approaches means that we lessen that trajectory to a Criminal Justice system as far as possible, if at all, completely.

45

I'm - I'm not proud of the fact that we've even got 31 children that are - that are joint clients of both Youth Justice and child protection, but the number has come down, and I know, through

these targeted actions, will continue to come down. When you think about 2,600 children across the system and 100 of those being in residential care, that is the scope of children that we're talking about.

5 COMMISSIONER LOVETT: What Aboriginal expertise have you got on the developing the monitoring and evaluation framework?

MR ALISANDRATOS: So the Victorian Aboriginal Childcare Agency.

10 COMMISSIONER LOVETT: Yes.

COMMISSIONER HUNTER: Signatory.

15 MR ALISANDRATOS: It's a signatory of both this framework and the implementation monitoring framework as well. And we bring that cultural dimension into - into the process and the monitoring approach.

MS MCLEOD: Your expectation is that the numbers of interactions with police, children in residential care, will come down?

20

MR ALISANDRATOS: Yes.

MS MCLEOD: As this framework is implemented?

25 MR ALISANDRATOS: Yes.

30 MS MCLEOD: We heard evidence from the Attorney-General, in the context of a discussion about raising the age of criminal responsibility, that the number of interactions with police was a relevant consideration in deciding to delay raising the age to 14 to 2027, and with the raising of the age to 12 to later this year. So you expect that this framework will drive those numbers down with a positive benefit right through the system?

MR ALISANDRATOS: Yes, I do.

35 MS MCLEOD: We heard from the Chief Commissioner of Police that numbers was one of the concerns - numbers, seriousness, one of the things that were a concern of police in terms - numbers of reports, or numbers of interactions with young people, was of concern to the Chief Commissioner in terms of their opposition to raising the age. You expect this program to impact those numbers likewise, don't you?

40

MR ALISANDRATOS: Yes, I do.

45 MS MCLEOD: Unless there are any further questions, there's a few things to follow up, Chair. I suggest that when those things come in, we just tender them out of the hearing and they will be allocated appropriate numbers. At the moment, I seek to tender the VGSO's letters, responses that have been provided. The numbers are BAL5.1000.0003.001, and the further follow-up.

CHAIR: Thank you.

5 MS MCLEOD: Which number I keep misplacing. So I will add those to the tender list and tender them today. Is there anything arising from Commissioners from the follow-up letters or any other general matters arising for Mr Agiri? I understand he wants to say something in closing as well. So are there any further questions?

10 COMMISSIONER LOVETT: Yes. You established a new division in the department. Can you just explain broadly to us and people listening in what that is?

15 MR ALISANDRATOS: Yes. We've established the - a new specific division for Aboriginal self-determination and outcomes. It is a division that brings together a number of functions that previously sat across a number of different other divisions. We made that decision because we wanted to elevate the prominence and the work that we have to do to drive a much more - significantly more self-determined agenda with our First Peoples and for our First Peoples.

20 And that division now brings all of the functions, both at the strategic level and at the operational interface level, with a designated First Peoples Deputy Secretary, a number of executive positions across that division.

25 So it - it gives us a unique opportunity, I think, Commissioner, to really drive both our cultural proficiency internally and to embed that more deeply across the department but also to strategically think about the future of our service system design across the social care environment that enables us to drive a much more self-determined agenda in terms of that service delivery provision, across all our portfolio responsibilities. And that division will be pivotal but it will garner support from many other portfolio divisions in the work that it does.

30 COMMISSIONER LOVETT: So what power and authority does the division have?

35 MR ALISANDRATOS: As much power and authority as any other division in terms of its - its role. So the Deputy Secretary of that division sits on the executive board just like I do, just like any of the other - other deputies sit on the board. It is responsible for driving the engagement with our - the strategic engagement with our Aboriginal Caucuses across the State and across the portfolio lines.

40 It will have accountabilities and does have accountabilities for leading the work in terms of our Aboriginal self-determination agenda and the outcomes that we are deriving that we are wanting to derive. So that's - so it will have that authority and will bring that cultural authority across the organisation and deepen that cultural authority across the organisation.

45 COMMISSIONER LOVETT: Initially, there was a, I think it was innovation policy, legislative reform arm of the area, the division, is that still a primary function of that division?

MR ALISANDRATOS: It is a - it is one function of the division that, alongside policy, strategy and operational interface, in the way it connects deeply into the communities and the areas across our 17 areas.

5 COMMISSIONER LOVETT: And what supports has the department put in place? Because it's a big responsibility for that area.

MR ALISANDRATOS: It is.

10 COMMISSIONER LOVETT: Of driving overall self-determination and accountability across the department.

MR ALISANDRATOS: It is.

15 COMMISSIONER LOVETT: So we are talking about a load on our people. What supports are put in place to support that division?

MR ALISANDRATOS: Yeah, it - you're absolutely right. It is a big responsibility. It has huge load on both the executives - executive cohort in that division but beyond, and broader. I  
20 know from the executive board perspective, we are both embracing and supporting that division holistically and through targeted initiatives but working closely with the Deputy Secretary, supporting her in her aspiration.

This is a collective effort. It is not, again it's not a set and forget. You know, we create an  
25 Aboriginal division and then we just move away. It is - it needs to be embedded in the fabric of this department, and their success is our collective success in terms of how we - how we are able to bring better outcomes for our First Peoples across the State.

COMMISSIONER LOVETT: And I ask the questions about power and authority as well,  
30 because we have heard through your evidence that there's quite an underwhelming appetite or delivery of monitoring and evaluation of many different strategies and frameworks of the department. We spoke about one five minutes ago, so it's great to hear that they have got an ability around also not just them being accountable, because our people have expectations on that division, but also the department as well -

35 MR ALISANDRATOS: Absolutely.

COMMISSIONER LOVETT: - being accountable as well.

40 MR ALISANDRATOS: And that division holding all of us accountable to the work that we have to collectively do because that division on its own can't do - cannot do everything. It needs to be supported through each of the portfolio divisions and our operational divisions as well.

45 COMMISSIONER LOVETT: And oversight to the Aboriginal Children's Forum, where does the governance sit? Is that in that division as well?

MR ALISANDRATOS: No, the governance at the moment is a shared governance model between Aboriginal Children's Forum Caucus and the children and families division who take the lead responsibility to work with Caucus to formulate the agenda for - for the Aboriginal and Children Forum, and the monitoring and evaluation activities that are undertaken through.

5

COMMISSIONER LOVETT: Following up on actions and so forth from each meeting.

MR ALISANDRATOS: That's right. But the Aboriginal self-determination division is pivotal and there be there in support of the work that we are all collectively doing in that space, just like they are in the family violence and in the housing and homelessness space as well.

10

COMMISSIONER LOVETT: And funding equity, so funding going to mainstream organisations, let's just use the child protection sector as an example. Is there funding parity that goes to mainstream compared to Aboriginal organisations to support Aboriginal children?

15

MR ALISANDRATOS: Yes. So we've - I think we have tendered this information through notice to produce, Commissioner.

20

COMMISSIONER LOVETT: Yep.

MR ALISANDRATOS: Around proportional funding that we are working towards in terms of bodies allocated to Aboriginal Community Controlled Organisations, and we can continued to be on a journey to shift more of that funding to be proportionate to the numbers that we have across the service system.

25

COMMISSIONER LOVETT: But also as well, I think, why I asked the question is that we are asking Aboriginal organisations, ACCOs to do holistic service provision, but then mainstream we are just funding a service so there shouldn't be an equity in that funding, remit, it's probably more of a comment.

30

MR ALISANDRATOS: Yes.

COMMISSIONER LOVETT: From my point of view. Thank you.

35

MS MCLEOD: I'm going to invite Commissioners whether they have any final remarks, Mr Alisandratos, whether you do as well but for the transcript and I note the letter of the Victorian Government Solicitor's Office of 10 May 2023 providing responsive answers is BAL.1000.0004.0074, and the data produced to Yoorrook by the department of notifications annually for the First Peoples children, the 11,249 in 21-22 is DFFH.0002.0003.0006. So -

40

CHAIR: I make those orders in the terms sought. And the documents will be allocated the next exhibit numbers. Thank you.

45

MS MCLEOD: Thank you, Chair. So subject to any closing remarks, that's the evidence of this witness.

CHAIR: Sue Anne.

COMMISSIONER HUNTER: I would like to add, it's extremely distressing for our community to talk about unborn notifications. Extremely distressing, and one is way too  
5 many. And as a mother, it is - it's added trauma on an unborn child and her mother for these notifications to happen and find out once you've had this baby or to have someone in the room to take your baby, that is still happening in 2023 is not good enough. That not only affects that child; it affects that whole family, and dare I say it, another Stolen Generation. Don't even allow a bond to happen. I can't even imagine not having a bond with my child.

10 This has to stop. There has to be better ways. There are better ways. Listen to our community. The State is the parent at this point, and is a very, very bad parent. If we did some of what you did, you would be removing our children for exactly what you do. This needs to stop. This needs to be monitored and evaluated. It needs to be accounted for. We  
15 can't afford to lose any more children in our community to the system. We didn't even get to suicide rates, because it's added when children go into out of home care. Seven times, I think, it might even be more now. We need to - every single statistic we talk about is a child and we forget that. Because we want to talk about numbers and funding and self-determination. It's a child that deserves a chance to grow up healthy, happy, strong, connected, knowing who they  
20 are in themselves. And it's just so disappointing to have to sit here in 2023 since the *Bringing Them Home* report with the same issues. It breaks my heart. Absolutely breaks my heart. These kids need to know who they are and this needs to stop. And we need to get these recommendations through. Let's not leave this sitting on the shelf again. I don't want to see the numbers go up any more, at all. It's really heartbreaking. Thank you.

25 CHAIR: Thank you, Commissioner Hunter. Thank you.

MS MCLEOD: Mr Alisandratos, is there something you want to say in closing to the Commission and to the community who are listening?

30 MR ALISANDRATOS: Thank you, Ms McLeod, and thank you, Commissioners. I just want to take the opportunity to deeply thank each and every one of you for the work that you are doing and for the time that you have spent listening deeply to people's experiences, which I know has been very, very challenging, very difficult and heart-wrenching at times. And I can  
35 hear that in each of your voices when you recount those stories.

And I want to say, on behalf of the Department of Families, Fairness and Housing, we - each and every one of us in the department take this, this work very, very seriously. We - we - we  
40 deeply care about the work that we've been doing to improve the outcomes. And whilst we recognise that we are far from where we need to be, that will not stop us from driving harder, faster, and doing anything we need to be doing that improves the outcomes for every First Peoples child and family across this State.

I said before this, we are in a unique position at the moment. We're through the process of  
45 truth-telling, and I hope that I have been able to bring truth to this forum and have come with purpose to inform your deliberations in a way that will make some meaningful findings and recommendations for all of us. But we will take all of that. We will deeply engage with our



First Peoples community organisations and communities to drive further improvements into the - into the - into our system. And we know that every one of those numbers are not numbers. They are children. They are families. And we don't ever forget the impact that that has on our - on those individual members of our community.

5

And we will unreservedly continue our efforts to improve those outcomes and I just want to again thank you for giving me the opportunity, this unique opportunity, to be before you and to hopefully contribute to your considerations and deliberations and I'm not saying that because I'm suggesting that this is where the buck - this is where it stops for us, because we

10

CHAIR: Thank you for those words. I do know that our people will be watching through this process and this exposure. They will be watching. So thank you.

15

MS MCLEOD: That concludes today's hearing. Tomorrow, Commissioners, we plan to resume with Commissioner Singh in the morning and then Minister Blandthorn. Through the day, the times will be confirmed today, and that is the conclusion of today's hearing.

20

CHAIR: Thank you, Counsel. So we will be adjourning until a time to be specified for tomorrow morning's start? Thank you. The Commission is adjourned.

**<ADJOURNED 1:19 P.M.**